

REPORT ON THE
FEASIBILITY OF VOLUNTARY TRAINING AND CERTIFICATION OF
PROMOTORES(AS) OR COMMUNITY HEALTH WORKERS



Submitted by the
PROMOTORA PROGRAM DEVELOPMENT COMMITTEE

To the
GOVERNOR, COMMISSIONER OF HEALTH, AND THE
TEXAS LEGISLATURE

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EXECUTIVE SUMMARY

Promotores(as) or Community Health Workers (CHWs) often provide the vital link connecting underserved and disenfranchised clients with essential health and human services. The uniqueness of their service lies in their ability to relate to clients through shared experiences drawn from living as neighbors in common communities. First-hand knowledge of the barriers, which impact the health of a community, gives CHWs a stake in eliminating those barriers.

The role of the Promotor(a) or CHW differs widely from community to community. The beauty of this workforce is that it can be shaped to fit the needs identified by community members. For example, CHWs may serve as interpreters for clients during doctor visits, help clients identify benefits for which they are eligible and assist with completion of applications to receive benefits and services. As community leaders, they may empower their neighbors by organizing and motivating them to become actively involved in improving living conditions within their neighborhood. In the role of health educators, CHWs may inform their clients of ways to stave off preventable illnesses and teach them how to manage chronic illnesses. Experience has shown that CHWs are a valuable resource for informing and recruiting their neighbors to participate in social programs for which they qualify.

House Bill 1864 enacted by the 76th Texas Legislature in May of 1999 directed the Texas Department of Health (TDH) to establish a committee to study the feasibility of voluntary training and certification of Promotores(as) or CHWs. Thus, the Promotora Program Development Committee (PPDC) was formed. This 15-member committee consists of CHWs, members of the general public, representatives from university systems and state governmental agencies.

During the first 12 months of its two-year term of office, the PPDC reviewed curricula and certification guidelines from existing programs, heard from representatives of various communities, engaged in dialogues with CHWs and their employers and exchanged information with representatives of Promotor(a) or CHW programs across the country. A summary follows of the committee's recommendations for each of the six charges delineated in the Statute.

CHARGES AND RECOMMENDATIONS

1. Review and assess Promotor(a) or CHW programs currently in operation around the state.

- ◆ The TDH and the Promotor(a) or CHW Training and Certification Advisory Committee should further assess existing and emerging CHW programs beyond those initially identified through the PPDC.
- ◆ The TDH and the Promotor(a) or CHW Training and Certification Advisory Committee should initiate and coordinate local, regional and statewide leadership opportunities for CHWs and Promotor(a) or CHW programs to share "Best Practices."

2. Study the feasibility of establishing a standardized curriculum for Promotores(as) or CHWs.

- ◆ Require the TDH to establish Promotor(a) or CHW curriculum guidelines based upon a minimum number of course hours to ensure all certified CHWs practicing in Texas have mastered a core set of competencies as per Texas Board of Health rules.
- ◆ Require the TDH to administer a certification program, which operates in accordance with the Rules Regarding Training and Certification of Promotores(as) or CHWs as adopted by the Texas Board of Health.
- ◆ Require the TDH to gather feedback from instructors, sponsoring institutions and training programs regarding the scope, relevance and utility of the curriculum framework; collect data at the conclusion of the first year in which the curriculum is used; and report outcomes to the Promotor(a) or CHW Training and Certification Advisory Committee.
- ◆ The 77th Texas Legislature should fund the TDH exceptional item request concerning the administration of the Promotor(a) or CHW Training and Certification program and the designation of a coordinating office to support the Promotor(a) or CHW Training and Certification Advisory Committee and the initiatives as set forth in these recommendations.

3. Study the options for certification of Promotores(as) or CHWs and the settings in which certification may be appropriate.

- ◆ The TDH should fully implement the Rules Regarding Training and Certification of Promotores(as) or CHWs adopted by the Texas Board of Health and supported by the PPDC in July 2000.
- ◆ The TDH should promote training and certification to potential employers of Promotores(as) or CHWs, health care professionals and representatives of health and human services agencies.

4. Assess available methods to evaluate the success of Promotor(a) or CHW programs.

- ◆ The TDH should require Promotor(a) or CHW training programs to implement an evaluation component consistent with the concepts set forth in the *CHW Evaluation Tool Kit* developed by the National Community Health Advisor Research Project.
- ◆ The TDH should develop effective evaluation tools through collaboration with operating CHW programs.
- ◆ The TDH should recruit college and university students who are willing and able to volunteer their time to assist with creating evaluation tools for operating CHW programs.
- ◆ The TDH should modify existing tools to gather and measure program-specific data for operating CHW programs.

5. Create, oversee and advise local pilot projects established under this article, subject to the availability of appropriations that may be used for this purpose.

- ◆ The TDH should administer neighborhood-based pilot projects with funding from TDH programs and other state partners.
- ◆ The TDH should award funds to start-up and continuation projects based upon the selected program's ability to perform according to the requirements identified by the PPDC.

6. Evaluate the feasibility of seeking a federal waiver so that Promotor(a) or CHW services may be included as a reimbursable service provided under the state Medicaid program.

- ◆ The TDH should explore and investigate all practical sources of funding within the state that could be used to support community health worker services.

I. BACKGROUND

The Promotora Program Development Committee (PPDC) used various methods to accomplish its work. These methods provided ample opportunity for interested community members to share their thoughts and ideas for consideration by the committee.

For a voluntary training and certification program to be embraced by Promotores(as) or Community Health Workers (CHWs) and employers of Promotores(as) or CHWs, it must reflect and address their needs and expectations. Accordingly, the committee included the voices of Promotores(as) or CHWs, their employers and clients by providing them the opportunity to help shape the training and certification guidelines (Meeting, PPDC, March 2000). Stakeholder input was gathered through various means.

- ◆ A web site including an e-mail address for receiving feedback was developed and launched in January 2000 to serve as a conduit for information between the committee and community members. E-mail comments were also received from other states that were interested in the Texas experience.
- ◆ Promotores(as) or CHWs in attendance at committee meetings were frequently called upon by the PPDC members to share their thoughts during committee discussions.
- ◆ A public comment period became a structured part of meeting agendas.
- ◆ Area residents were invited to meet the committee and observe it in action when meetings were convened in local rural and urban communities across the state. Public hearings to solicit comments about the Rules Regarding the Training and Certification of Promotores(as) or CHWs were held in conjunction with those meetings. More than 150 persons representing their individual interests and the interests of some 38 organizations gave testimony.
- ◆ Committee members sought and reported the concerns and suggestions of persons within their own personal and professional networks.

Texas is the first state in the country to implement a standardized training and certification program for Promotores(as) or CHWs and, as such, is setting the pace for other states. However, there are individuals and institutions across the country, which have studied and been involved with Promotores(as) or CHWs for many years. These nationally recognized professionals and their accomplishments serve as benchmarks for the Texas experience. These professionals shared their knowledge with the PPDC with regards to national activities associated with the Promotor(a) or CHW movement.

II. APPROACH

To thoroughly explore the six charges as delineated in HB 1864, the PPDC divided into work groups to study the following topics: certification, curriculum, definition of “health,” evaluation, pilot projects, and barriers encountered by Medicaid recipients in accessing prenatal and neonatal health care services (Meeting, PPDC, November 1999). Each group functioned independently to research its area of concern, then prepared recommendations for committee review and approval. The recommendations were discussed, sometimes amended and finally adopted by consensus. In keeping with the committee standard, work group products and recommendations were a fusion of stakeholder comments, information from the TDH, staff research, and committee input. Please note: As requested in the legislative mandate the strategic plan addressed by the work group on barriers encountered by Medicaid recipients in accessing prenatal and neonatal health care services has been developed and will be submitted as a separate report.

III. CHARGES, FINDINGS, AND RECOMMENDATIONS

Charge

1. Review and assess Promotor(a) or CHW programs currently in operation around the state.

Findings

Promotora Program Development Committee members identified programs within their organizational networks which train and employ Promotores(as) or CHWs. Preliminary work was also conducted by using the World Wide Web and professional networks as resources, to help committee members discover additional programs in Texas, which were previously unknown to them. To gain preliminary estimates of numbers and locations of Promotores(as) or CHWs currently trained and practicing across the state, the PPDC gathered data from within its ranks. A Promotor(a) or CHW Workforce and Training Questionnaire polled committee members on their staff within their respective organizations. Results revealed nearly 30 existing programs using some 300 Promotores(as) or CHWs as paid or unpaid, full or part-time staff. Promotores(as) or CHWs serve in neighborhood clinics, local health departments, community-based organizations, faith-based agencies and university-sponsored activities. These programs specialize in program areas such as maternal and child health and diabetes or offer a broad spectrum of health and human services. The results of the Promotor(a) or CHW Workforce and Training Questionnaire are available at Appendix A.

While the Promotor(a) or CHW model has been replicated in communities located along the Texas-Mexico Border, the concept has not been widely used in other regions of the state nor is it well known among racial and ethnic groups outside of the Hispanic community in Texas. A review of the myriad programs operating nationwide indicates that Promotor(a) or CHW programs can be successful in any community where people join together to improve their quality of life. The concept of communities being educated and empowered to identify and

participate in solving their own problems can be replicated in urban or rural communities composed of individuals representative of any racial or ethnic background.

Recommendations

- **The TDH and the Promotor(a) or CHW Training and Certification Advisory Committee should further assess existing and emerging CHW programs beyond those initially identified through the PPDC.**
- **The TDH and the Promotor(a) or CHW Training and Certification Advisory Committee should initiate and coordinate local, regional and statewide leadership opportunities for CHWs and Promotor(a) or CHW programs to share “Best Practices.”**

Charge

- 2. Study the feasibility of establishing a standardized curriculum for Promotores(as) or CHWs.**

Findings

Findings indicate each existing training program uses its own curriculum, which tends to focus on health specialties, organizational standards and other issues dictated by the needs of the community it serves. These curricula are as diverse in subject content and number of course hours as the programs themselves. Consequently, a Promotor(a) or CHW may be well trained to work with the agency where training occurred yet may not possess the skills required by a different agency. Moreover, the differences in training can lead to uncertainty as to what basic competencies potential employers can expect (see Appendix B).

Managers of existing Promotor(a) or CHW programs were invited to share their curricula for committee review and inclusion in a resource clearinghouse. These documents were reviewed and used as the foundation for considering a standardized curriculum framework. In addition to curricula from Texas-based programs, the committee reviewed documents from programs as diverse as an U.S. Indian Health Service program based in Alaska and the Congregational Health Promoters, administered by The Carter Center in Atlanta (see Appendix D). In addition, the committee used *The Final Report The National Community Health Advisor Study*, developed by a University of Arizona research project, as a baseline and reference point for the cumulative thoughts and experiences of Promotores(as) or CHWs and professionals across the country. The Study had particular relevance to the PPDC’s work as one committee member served on this study’s Advisory Council. Furthermore, the greater number of Promotores(as) or CHWs who responded to the study survey practice in Texas.

Implementation of standard curriculum guidelines, which instill portable skills, would ensure a common stock of knowledge and guarantee certain basic skills. The curriculum work group was tasked to develop such a framework for committee consideration. The framework adopted by the PPDC provides a standardized guideline for developing an approved curriculum

to train Promotores(as) or CHWs. Eight core competencies identified in the *National Community Health Advisor Study* (p. 42) are central to this curriculum.

- Advocacy Skills
- Interpersonal Skills
- Capacity-Building Skills
- Communication Skills
- Knowledge Base
- Organizational Skills
- Teaching Skills
- Service Coordination Skills

Minimum standard learner centered objectives were developed by the PPDC for each competency. The committee sought stakeholder input from state and national Promotores(as) or CHWs and professionals to make sure these objectives are realistic and representative of Promotor(a) or CHW daily activities. With this, the PPDC can better assure uniformity and transferability of basic knowledge and skills regardless of where the Promotor(a) or CHW practices. See Appendix B to read the full text of the Report to the PPDC on a Curriculum Framework.

Concurrently, the committee worked with the TDH staff to develop the rules, which would establish standards and guidelines for individuals and programs participating in the training and certification program. Notably, the committee adopted the World Health Organization's (WHO) definition of "health" which refers to health more broadly than just the condition of one's physical body.

The extent to which an individual or group is able to realize aspirations and satisfy needs, and to change or cope with the environment. Health is a resource for everyday life, not the objective of living; it is a positive concept emphasizing social and personal resources as well as physical capabilities (*A Dictionary of Epidemiology*, third edition, p.73).

The WHO definition captures the spectrum of services that Promotores(as) or CHWs perform in their daily work. It was also necessary to define the term Promotor(a) or CHW in the same all-encompassing way. The PPDC developed its definition from the Promotor(a) or CHW roles delineated in *The Final Report of The Community Health Advisor Study*, p.46.

A person who, with or without compensation: provides cultural mediation between communities and health and human service systems; informal counseling and social support; and culturally and linguistically appropriate health education; advocates for individual and community health needs; assures people get the health services they need; builds individual and community capacity; or provides referral and follow-up services.

In keeping with its commitment to involve the community, PPDC voted to hold its February, March, April and May 2000 monthly meetings in various parts of the state along with a public hearing for community members on training and certification rules. During the meetings held in Arlington, El Paso, Houston and Weslaco 150 speakers candidly shared their thoughts on and suggestions for the proposed Rules Regarding Training and Certification of Promotores(as) or CHWs. The rules adopted by the Texas Board of Health in July 2000 are the results of the merged thoughts of the TDH, the committee and the many concerned community members who participated in the process. Refer to Appendix C for the Rules Regarding Training and Certification of Promotores(as) or CHWs.

The rules serve as a blueprint for the training and certification program as it will be managed by the TDH. Among other qualifications, a minimum of 160 course hours must be offered for a curriculum to qualify for certification. There is, however, no upper limit on the number of hours a program may offer. Thus, program managers retain the flexibility to determine the number of hours needed to prepare Promotores(as) or CHWs to function effectively in their community. The committee also adopted a minimum set of core competencies and learner-centered objectives necessary to an effective training program.

Recommendations

- **Require the TDH to establish Promotor(a) or CHW curriculum guidelines based upon a minimum number of course hours to ensure all certified CHWs practicing in Texas have mastered a core set of competencies as per Texas Board of Health rules.**
- **Require the TDH to administer a certification program, which operates in accordance with the Rules Regarding Training and Certification of Promotores(as) or CHWs as adopted by the Texas Board of Health.**
- **Require the TDH to gather feedback from instructors, sponsoring institutions and training programs regarding the scope, relevance and utility of the curriculum framework; collect data at the conclusion of the first year in which the curriculum is used; and report outcomes to the Promotor(a) or CHW Training and Certification Advisory Committee.**
- **The 77th Texas Legislature should fund the TDH exceptional item request concerning the administration of the Promotor(a) or CHW Training and Certification program and the designation of a coordinating office to support the Promotor(a) or CHW Training and Certification Advisory Committee and the initiatives as set forth in these recommendations.**

Charge

- 3. Study the options for certification of Promotores(as) or CHWs and the settings in which certification may be appropriate.**

Findings

In considering the factors influencing certification, the PPDC found that Promotores(as) or CHWs and their employers favored the concept of certification with some differences of

opinion as to how it should be administered. The committee and stakeholders jointly crafted a certification program, which certifies Promotores(as) or CHWs, their instructors and sponsoring institutions or training programs. Guidelines set forth in the Rules Regarding Training and Certification of Promotores(as) or CHWs explain what is required of Promotores(as) or CHWs, instructors and sponsoring institutions or training programs applying for certification. The rules include special provisions to acknowledge and affirm the experience of Promotores(as) or CHWs and instructors whose service predates the certification program. Special provisions preclude trained Promotores(as) or CHWs and qualified instructors from having to be retrained in accordance with the newly imposed universal standards. Nationally certified health education specialists, social workers, and other health care professionals in good standing are also eligible to apply for certification as instructors according to the terms of the special provision.

Promotores(as) or CHWs flourish in a variety of settings, including non-profit organizations, university programs, health clinics, local health departments and faith congregations. Typically, organizations train their Promotores(as) or CHWs “in-house,” using experienced staff, trainers from other organizations or both. The PPDC found that all of these venues are viable settings for training. What must receive equal consideration is whether the location is a safe, comfortable environment where learners feel valued and respected. Training locations should diligently seek to locate and schedule training sessions during times that are convenient to adult students who juggle personal and familial commitments. Programs should be sensitive to the barriers, which plague residents of underserved communities such as the need for training sites that are accessible by public transportation. Culturally sensitive training offered at the appropriate literacy level should reflect community values and mores.

Recommendations

- **The TDH should fully implement the Rules Regarding Training and Certification of Promotores(as) or CHWs adopted by the Texas Board of Health and supported by the PPDC in July 2000.**
- **The TDH should promote training and certification to potential employers of Promotores(as) or CHWs, health care professionals and representatives of health and human services agencies.**

Charge

4. Assess available methods to evaluate the success of Promotor(a) or CHW programs.

Findings

In particular, programs that survive on limited budgets may tend to overlook evaluation. Valuable time, talent and resources are focused on service provision. A successful program should be able to prove its accomplishments. To answer the question, whether Promotores(as) or CHWs and/or the program made a difference, it is critical that program managers gather data to support their good work. Evaluation feedback also helps shape decisions; it informs managers of what works, what doesn't work and what should be changed.

Findings indicate that evaluation tools are utilized in varying degrees by Promotor(a) or CHW programs. Some programs evaluate process and others focus on outcomes. Some programs use a combination of methods. And, some programs do not gather data at all or use data to evaluate.

Each level of evaluation serves a distinct purpose. Process evaluation looks at the way a program operates and identifies areas for improvement. Outcome evaluation points up program effectiveness at achieving its short-, intermediate- and long-term goals. Neither level of evaluation is preferred and, indeed, a combination of methods is desirable. Moreover, it is critical that program managers implement some method of gathering qualitative and quantitative data to monitor program activities and to report to their funding sources, stakeholders, governing bodies and their clients. Understanding that developing useful, targeted evaluation instruments is labor-intensive other alternatives to developing tools in-house can be sought.

The overriding principle is the ability to integrate an evaluation component that is adaptable for the varied Promotor(a) or CHW functions such as health, social services, education or instruction. Likewise, the ongoing evaluation of the program for practical purposes includes the ability to assess curriculum, certification, training and programmatic implementation.

Recognizing that Promotor(a) or CHW programs statewide will vary, the evaluation overall will represent broad guidelines that are designed to insure the credibility of the programs while providing latitude for individual programmatic application.

In response to its findings on the challenges and barriers to evaluation, *The National Community Health Advisor Study* has assembled a package of field-tested evaluation instruments expressly for use by Promotor(a) or CHW programs. *The Community Health Worker Evaluation Tool Kit* offers questionnaires, contact forms and surveys that are in use among some Promotor(a) or CHW programs nationwide. These tools, developed by experienced evaluators and Promotores(as) or CHWs, concentrate on establishing standards for Promotores(as) or CHWs and should provide a substantial base line for programs in Texas. The tools measure outcomes and processes as well as tracking qualitative and quantitative data and include individual performance measures. The Tool Kit is a comprehensive model upon which to base an evaluation plan.

The sustainability of programs and stability of well-trained employees that promote consistent interaction between the community's needs and the delivery system must be critically evaluated. Therefore, it is likely that programs with internal tools to examine their own performance quantitatively, qualitatively and comparatively will afford their communities the best opportunity to succeed.

Recommendations

- The TDH should require Promotor(a) or CHW training programs to implement an evaluation component consistent with the concepts set forth in the *CHW Evaluation Tool Kit* developed by the National Community Health Advisor Research Project.
- The TDH should develop effective evaluation tools through collaboration with operating CHW programs.
- The TDH should recruit college and university students who are willing and able to volunteer their time to assist with creating evaluation tools for operating CHW programs.
- The TDH should modify existing tools to gather and measure program-specific data for operating CHW programs.

Charge

5. Create, oversee and advise local pilot projects established under this article, subject to the availability of appropriations that may be used for this purpose.

Findings

HB 1864 states the committee may establish a series of neighborhood-based peer health education outreach and education pilot projects. These projects would demonstrate the feasibility and benefits of employing Promotores(as) or CHWs to assist beneficiaries of the Medicaid Managed Care and Children's Health Insurance Program. In a unanimous vote, the committee agreed that pilot projects would be an appropriate proving ground for the training and certification program and the ability to assist beneficiaries. The pilot projects work group was charged with drafting a concept paper and investigating funding possibilities for the projects.

An anticipated \$1 million dollars has been proposed to fund the demonstration projects. In addition, representatives of the Texas Workforce Commission are collaborating with the PPDC to develop and fund an initiative, which would include training and employment components. The committee favors using the request for proposal process to identify up to five potential sites located in geographically diverse regions of the state. Funding awards would be based on program needs, opportunity for success and history of past success. Various TDH programs, in addition to those listed in the HB 1864, have recognized the efficacy of Promotores(as) or CHWs and their potential to reach underserved communities. Successful projects are expected to provide a broad range of services.

Recommendations

- The TDH should administer neighborhood-based pilot projects with funding from TDH programs and other state partners.
- The TDH should award funds to start-up and continuation projects based upon the selected program's ability to perform according to the requirements identified by the PPDC.

Charge

6. Evaluate the feasibility of seeking a federal waiver so that Promotor(a) or CHW services may be included as a reimbursable service provided under the state Medicaid program.

Findings

The state Medicaid program funds health care for underprivileged children, elderly and disabled adults through contributions from the Health Care Financing Administration (HCFA) and the state. The State Medicaid Plan, a contract with HCFA, entitles states to receive federal matching funds. Title XIX of the Social Security Act of 1965 outlines the basic requirements for Medicaid programs. However, within those regulations the state has some latitude to fashion a program to meet the unique needs of its communities. Thus, states may use creative and innovative initiatives to address their particular needs.

To receive approval for reimbursement for services, which are exceptions to the mandated guidelines, a state must amend its State Medicaid Plan by filing a State Plan Amendment (SPA) with HCFA; or apply for a waiver that exempts the state program from certain guidelines if the proposed changes do not fit within existing Medicaid law.

Waivers must be applied for under Sections 1915 and 1115 of the Act. Sections 1915 and 1115 create two main categories of waivers:

- (1) program waivers, which provide exemptions from sections relating to managed care and home and community based waivers (section 1915); and
- (2) research and demonstration waivers, which authorize the deployment of experimental or pilot programs that would otherwise conflict with the federal Medicaid statute (section 1115). Services traditionally offered by Promotores(as) or CHWs can be considered under both waiver provisions.

Potential areas for Promotor(a) or CHW reimbursement are included in existing Medicaid guidelines. Under Medicaid, the work of Home Health Aides (HHA) and Early and Periodic Screening, Diagnoses and Treatment (EPSDT) could benefit from the services that Promotores(as) or CHWs perform.

Reimbursement under Medicaid would provide Promotores(as) or CHWs with a paid position and increase the likelihood of a health insurance package being part of their employment benefits. Further, reimbursement would help make them a more credible part of the health workforce. Thus, creating a climate where Promotores(as) or CHWs could become more marketable within the health care community.

Even though HB 1864 only addresses seeking reimbursement from the Medicaid program, other funding sources may exist, which could sponsor community health worker services. Creative collaborations between state agencies could develop alternate funding sources, which are more easily accessed and entail less rigorous application processes.

Recommendation

- **The TDH should explore and investigate all practical sources of funding within the state that could be used to support community health worker services.**

Appendices

- Appendix A. Results of Promotora Program Development Committee Workforce Questionnaire
- Appendix B. Report to the Promotora Program Development Committee on a Curriculum Framework
- Appendix C. Rules Regarding Training and Certification of Promotores(as) or Community Health Workers
- Appendix D. Stakeholder Comments on the Rules Regarding the Training and Certification of Promotores(as) or Community Health Workers
- Appendix E. References
- Appendix F. Promotora Program Development Committee, Work Groups, and the Texas Department of Health Staff

Appendix A

Results of Promotora Program Development Committee Workforce Questionnaire

QUESTIONS		YES	NO
Do you or your organization or agency employ or utilize Promotores(as) or CHWs or instructors?		8	3
		TOTAL	N/A
How many Promotores(as) or CHWs do you or your organization or agency work with in a year?		339	3
How many Promotor(a) or CHW instructors do you or your organization or agency work with in a year?		231	2
Do you or your organization or agency maintain a database or listing of Promotores(as) or CHWs or instructors?	YES	NO	N/A
	3	5	3
		YES	NO
Do you know of others who employ or utilize Promotores(as) or CHWs or instructors?*		8	2
Does your agency plan to become a training program or sponsoring institution?**		6	4
Do you know other institutions or organizations that plan to become a training program or sponsoring institution?*		5	5

* All respondents did not answer this question.

** One respondent did not know.

AGENCIES AND ORGANIZATIONS THAT EMPLOY OR UTILIZE COMMUNITY HEALTH WORKERS OR INSTRUCTORS

AVANCE

BARCA

Border Vision Fronteriza

Cancer Consortium of El Paso

Centro De Salud Familiar La Fe Clinics

City of Fort Worth Public Health Department

Comenzando Bien

De Madres a Madres

El Buen Samaritano Episcopal

El Milagro—COPC Clinic

Habitat for Humanity

Health Education Training Centers Alliance of Texas (HETCAT)

Healthy Community Project

Migrant Health Promotion

Neighbor to Neighbor

One Border Foundation/Mano a Mano

Planned Parenthood Association of Cameron and Willacy Counties

Planned Parenthood Association of Hidalgo County

Project Vida

Rio Grande Valley Area Health Education Center (AHEC)

South Texas Community College, Division of Continuing Education

Texas A&M University Center for Housing and Urban Development

Texas A&M University School of Rural Public Health

Texas Rural Legal Aid

Texas Tech University Health Science Center—El Paso, Office of Border Health

University of Texas Health Science Center Houston, Texas-Mexico Border Health Services Delivery Project

VAIL

Valley AIDS Council

Note: The list should not be considered exhaustive because a centralized database does not exist. The above list includes agencies, organizations, and projects known to the committee and the TDH.

**PLANNED SITES/LOCATIONS FOR
PROMOTOR(A) OR CHW OR INSTRUCTOR TRAINING**

Acres Homes Community (Houston)
Cameron Park Community Center (Cameron County)
Community Oriented Public Health Clinic (McAllen)
Del Rio
Eagle Pass
El Paso
Fabens
Laredo
Mano a Mano Offices (Brownsville)
Montana Vista Colonia
Rio Grande Valley
San Elizario
South Texas Center for Rural Public Health (McAllen)

Appendix B

Report to the Promotora Program Development Committee on a Curriculum Framework

PROMOTOR(A) OR COMMUNITY HEALTH WORKER DEFINITION AND A LIVING EXAMPLE

Within this curriculum framework, “Promotor(a) or Community Health Worker (CHW)” is defined as a person who, with or without compensation provides cultural mediation between communities and health and human service systems; informal counseling and social support; and, culturally and linguistically appropriate health education; advocates for individual and community health needs; assures people get the health services they need; builds individual and community capacity or provides referral and follow-up services.

BACKGROUND AND CHARGES

The 76th Texas Legislature created legislation to study and develop outreach and education programs for Promotores(as) or CHWs. This legislation specifically required the Texas Department of Health (TDH) to establish rules for training and certifying Promotores(as) or CHWs. The temporary committee, Promotora Program Development Committee (PPDC), established by this same statute was given the task of studying the feasibility of establishing a standardized curriculum.

With the adoption of rules for a voluntary training and certification program, Promotores(as) or CHWs will need to successfully complete an approved competency-based training program before certification is granted by the TDH. The TDH is the state government agency, which will administer and regulate the certification program for Promotores(as) or CHWs, instructors, and sponsoring institutions or training programs. Sponsoring institutions or training programs will be responsible for training Promotores(as) or CHWs and instructors using a curriculum approved by the TDH.

While the enabling legislation specifically required the PPDC to study the feasibility of establishing a standardized curriculum, it was also incumbent upon the PPDC to provide core principles for the development of training programs and a basic curriculum framework for those sponsoring institutions or training programs who seek certification approval for training curriculum. The core principles and framework contained herein have originated from actual Promotores(as) or CHWs, instructors, and sponsoring institutions or training programs.

CURRICULUM FRAMEWORK INTENT

This curriculum framework provides a standardized guideline of what is considered the basis for an approved curriculum to train Promotores(as) or CHWs. Recognizing that a standardized curriculum may not be the one size that fits all given the diversity and location of sponsoring institutions or training programs in the state of Texas, the PPDC has established minimum standard learner-centered objectives for each competency. By doing so, the PPDC can better assure uniformity and transferability of knowledge and skills regardless of where the Promotor(a) or CHW

practices. In addition, the PPDC also recognizes that training programs may only have the capacity to address one or more of the competency areas. While there is a need to have uniformity in program delivery, there is also a concomitant need to have uniformity in program evaluation.

CORE PRINCIPLES

- The curriculum is to be linked to the educational level and cultural background of the learner.
- All curriculum sessions are interactive and engage the learner.
- A variety of teaching methods are used, are participatory in nature and are based on inquiry and discovery.
- An experienced local instructor is preferred.
- Training programs must be convenient and held in a non-threatening environment.
- Respect, sensitivity, flexibility, cost and relevance are paramount to the learner.
- To be effective, the curriculum should be delivered by a bilingual, culturally sensitive instructor and serve as a bridge to other cultures.
- The curriculum is to be based on a community needs assessment and is designed to benefit the community where the learner will practice.
- Employment opportunities for the learner are enhanced when skill matches community need.
- A supportive, accepting and caring social environment where learning occurs will enhance the learner's acquisition of new skills and knowledge.
- The curriculum should focus at a minimum on the learner-centered objectives for each competency area.
- Evaluation is integral to a quality training program.

CURRICULUM GOALS

1. To assure successful mastery of knowledge and skill competency areas by Promotores(as) or CHWs.
2. To provide a local, holistic approach to meeting community health needs.
3. To link learning to employment opportunities.
4. To meet state certification requirements.

COMPETENCY AREAS

To meet requirements for state certification, the curriculum must focus on a minimum of 160 hours of instruction and training with at least 20 clock hours in each of the following eight core competencies:

1. Communication skills
2. Interpersonal skills
3. Service Coordination skills
4. Capacity-building skills
5. Advocacy skills
6. Teaching skills

7. Organizational skills
8. Knowledge base

LEARNER-CENTERED OBJECTIVES BY COMPETENCY AREA

1. Communication Skills

The Promotor(a) or CHW will be able to—

- Speak and write to clients in their preferred language at an appropriate comprehension level.
- Present information to clients in a clear and concise way.
- Listen actively and non-judgmentally.
- Speak to groups.
- Provide feedback to health and human services agencies, funding sources and community-based organizations.

2. Interpersonal Skills

The Promotor(a) or CHW will be able to—

- Represent others, their needs and the needs of the community.
- Be sensitive, respectful and empathetic.
- Establish relationships with clients and service providers.
- Assist individuals and groups in resolving conflicts.
- Recognize and appropriately respond to the beliefs, values, culture and languages of the populations being served.
- Maintain confidentiality of client information.

3. Service Coordination Skills

The Promotor(a) or CHW will be able to—

- Refer clients to appropriate service providers and instruct/train clients on how to follow-up on referrals from providers.
- Develop networks to address community needs.
- Help improve access to resources.
- Serve as a liaison between organizations and specific groups.

4. Capacity Building Skills

The Promotor(a) or CHW will be able to—

- Encourage and empower clients to be self-sufficient.
- Foster local partnerships that will improve service delivery.
- Assist clients in identifying and pursuing community goals.
- Continue to learn new and better ways of serving the community through formal and informal training.
- Build leadership skills in other community members.
- Assess the needs of the community.

5. Advocacy Skills

The Promotor(a) or CHW will be able to—

- Promote a cause and organize clients, existing resources and data to support the cause.
- Identify and work with advocacy groups.
- Stay abreast of structural and policy changes in the community and within health and human services systems.

6. Teaching Skills

The Promotor(a) or CHW will be able to—

- Use methods that motivate, inspire and promote learning in one-on-one or group settings.
- Employ instructional and coaching techniques that address various learning styles.
- Organize presentation materials.
- Identify and explain the goals and objectives of a training program.
- Evaluate the success of a training program and measure the progress of individual learners.
- Provide reliable information appropriate to the needs of the learner.
- Operate commonly used audiovisual equipment.

7. Organizational Skills

The Promotor(a) or CHW will be able to—

- Record and maintain information on clients, referrals and appointments.
- Plan, organize and set-up presentations, training sessions, workshops and other activities.
- Effectively manage time.
- Prioritize activities, yet remain flexible.

8. Knowledge Base

The Promotor(a) or CHW will be able to—

- Gain and share basic knowledge of health and human services, specific health issues and their community.
- Stay current on issues affecting clients and know how and where to find answers to difficult questions.
- Understand consumer rights to ensure accessible and appropriate services.

Training Program Resources and Management Information

1. Personnel
 - A. Qualifications of Approved Instructors
 - B. Support Staff
2. Marketing and Recruitment of Community Health Workers and Instructors
3. Record Retention and Data Management Policy
4. Equipment and Supplies
5. Budget including participant fees (if any)
6. Workplace Assurances

7. Facilities and Training Program Locator Information
8. Evaluation Materials
9. Learner Materials
10. Instructor Materials
11. Yearly Calendar of Training Events by dates, times and locations

Appendix C

Rules Regarding Training and Certification of Promotores(as) or Community Health Workers

§146.1 DEFINITIONS.

' 146.1. **Definitions.** The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise.

- (1) **Administrator**—The Department employee designated as the administrator of regulatory activities authorized by the Health and Safety Code Chapter 46.
- (2) **Applicant**—A Promotor(a) or Community Health Worker (CHW) who applies to the Texas Department of Health for a certificate of competence, a sponsoring institution or training program who applies to the Department to offer training or an instructor who applies to the Department to train Promotores(as) or CHWs.
- (3) **Board**—The Texas Board of Health.
- (4) **Certificate of Competence**—Promotor(a) or Community Health Worker certificates issued by the Texas Department of Health.
- (5) **Committee**—The Promotor(a) and Community Health Worker Training and Certification Advisory Committee established by ' 146.2 of this Chapter.
- (6) **Department**—The Texas Department of Health.
- (7) **Health**—The extent to which an individual or group is able to realize aspirations and satisfy needs, and to change or cope with the environment. Health is a resource for everyday life, not the objective of living; it is a positive concept emphasizing social and personal resources as well as physical capabilities.
- (8) **Instructor**—An individual approved by the Department to provide instruction and training in public health education to Promotores(as) or CHWs in an educational setting.
- (9) **Instructor certification**—An authorization to train or instruct Promotores(as) or CHWs in public health education services.

- (10) **“Promotor(a)” or “Community Health Worker”**—A person who, with or without compensation: provides cultural mediation between communities and health and human service systems; informal counseling and social support; and culturally and linguistically appropriate health education; advocates for individual and community health needs; assures people get the health services they need; builds individual and community capacity; or provides referral and follow-up services.
- (11) **Sponsoring institution or training program**—An approved educational, community health, training program or other program or facility that offers or intends to offer Promotor(a) or CHW training or instructor preparation.
- (12) **Sponsoring institution or training program certification**—An authorization to offer Promotor(a) or CHW training or instructor preparation.

' 146.2. PROMOTOR(A) OR COMMUNITY HEALTH WORKER TRAINING AND CERTIFICATION ADVISORY COMMITTEE.

- (a) **The committee.** An advisory committee shall be appointed under and governed by this section.
- (1) The name of the committee shall be the Promotor(a) or Community Health Worker Training and Certification Advisory Committee.
 - (2) The committee is established under the Health and Safety Code, ' 11.016, which allows the Board of Health (Board) to establish advisory committees.
- (b) **Applicable law.** The committee is subject to Texas Government Code, Chapter 2110, concerning state agency advisory committees.
- (c) **Purpose.** The purpose of the committee is to review applications and to recommend to the Department qualifying applicants as sponsoring institutions, training instructors or as Promotores(as) or CHWs. The committee shall also recommend new or amended rules for the approval of the Board.
- (d) **Tasks.**
- (1) The committee shall advise the Board concerning rules to implement standards adopted under Chapter 46 relating to the training and regulation of persons working as Promotores(as) or CHWs.
 - (2) The committee shall recommend to the Department qualifying sponsoring institutions or training programs, instructors, and Promotores(as) or CHWs.
 - (3) The committee shall carry out any other tasks given to the committee by the Board.
- (e) **Review and duration.** By November 1, 2003, the Board will initiate and complete a review of the committee to determine whether the committee should be continued, consolidated with another committee or abolished.

- (f) **Composition.** The committee shall be composed of nine members appointed by the Board. The composition of committee shall include:
- (1) four certified Promotores(as) or CHWs or the equivalent;
 - (2) two public members;
 - (3) one member from the Texas Higher Education Coordinating Board or a higher education faculty member who has teaching experience in community health, public health or adult education and has trained Promotores(as) or CHWs;
 - (4) two professionals who work with Promotores(as) or CHWs in a community setting; and
- (g) **Terms of office.** The term of office for each member shall be four years, and may be reappointed.
- (1) If a vacancy occurs, a person shall be appointed to serve the unexpired portion of that term.
 - (2) Members shall be appointed for staggered terms so that the terms of three members will expire on January 1 of each even-numbered year.
- (h) **Officers.** The committee shall elect a presiding officer and an assistant presiding officer at its first meeting after August 31st of each year.
- (1) Each officer shall serve until the next regular election of officers.
 - (2) The presiding officer shall preside at all committee meetings at which he or she is in attendance, call meetings in accordance with this section, appoint subcommittees of the committee as necessary, and cause proper reports to be made to the Board. The presiding officer may serve as an ex-officio member of any subcommittee of the committee.
 - (3) The assistant presiding officer shall perform the duties of the presiding officer in case of the absence or disability of the presiding officer. In case the office of presiding officer becomes vacant, the assistant presiding officer will serve until a successor is elected to complete the unexpired portion of the term of the office of presiding officer.
 - (4) A vacancy, which occurs in the offices of presiding officer or assistant presiding officer, may be filled at the next committee meeting.
 - (5) A member shall serve no more than two consecutive terms as presiding officer and/or assistant presiding officer.
 - (6) The committee may reference its officers by other terms, such as chairperson and vice-chairperson.
- (i) **Meetings.** The committee shall meet only as necessary to conduct committee business.
- (1) A meeting may be called by agreement of the Department staff and either the presiding officer or at least three members of the committee.
 - (2) Meeting arrangements shall be made by the Department staff. The Department staff shall contact committee members to determine availability for a meeting date and place.
 - (3) Each meeting of the committee shall be announced and conducted in accordance with the Open Meetings Act, Texas Government Code, Chapter 551.
 - (4) Each member of the committee shall be informed of a committee meeting at least five working days before the meeting.

- (5) A simple majority of the members of the committee shall constitute a quorum for the purpose of transacting official business.
 - (6) The committee is authorized to transact official business only when in a legally constituted meeting with quorum present.
 - (7) The agenda for each committee meeting shall include an item entitled public comment under which any person will be allowed to address the committee on matters relating to business. The presiding officer may establish procedures for public comment, including a time limit on each comment.
- (j) **Attendance.** Members shall attend committee meetings as scheduled. Members shall attend meetings of subcommittees to which the member is assigned.
- (1) A member shall notify the presiding officer or appropriate Department staff if he or she is unable to attend a scheduled meeting.
 - (2) It is grounds for removal from the committee if a member cannot discharge the member's duties for a substantial part of the term for which the member is appointed because of illness or disability, is absent from more than half of the committee and subcommittee meetings during a calendar year, or is absent from at least three consecutive committee meetings.
 - (3) The validity of an action of the committee is not affected by the fact that it is taken when a ground for removal of a member exists.
 - (4) The attendance records of the members shall be reported to the Board. The report shall include attendance at committee and subcommittee meetings.
- (k) **Staff.** Staff support for the committee shall be provided by the Department.
- (l) **Procedures.** Roberts Rules of Order, Newly Revised, shall be the basis of parliamentary decisions except where otherwise provided by law or rule.
- (1) Any action taken by the committee must be approved by a majority vote of the members present once quorum is established.
 - (2) Each member shall have one vote.
 - (3) A member may not authorize another individual to represent the member by proxy.
 - (4) The committee shall make decisions in the discharge of its duties without discrimination based on any person's race, creed, gender, religion, national origin, age, physical condition, or economic status.
 - (5) Minutes of each committee meeting shall be taken by the Department staff.
 - (A) A draft of the minutes approved by the presiding officer shall be provided to the Board and each member of the committee within 30 days of each meeting.
 - (B) After approval by the committee, the minutes shall be signed by the presiding officer.

- (m) **Subcommittees.** The committee may establish subcommittees as necessary to assist the committee in carrying out its duties.
 - (1) The presiding officer shall appoint members of the committee to serve on subcommittees and to act as subcommittee chairpersons. The presiding officer may also appoint nonmembers of the committee to serve on subcommittees.
 - (2) Subcommittees shall meet when called by the subcommittee chairperson or when so directed by the committee.
 - (3) A subcommittee chairperson shall make regular reports to the advisory committee at each committee meeting or in interim written reports as needed. The reports shall include an executive summary or minutes of each subcommittee meeting.
- (n) **Statement by members.** The Board, the Department, and the committee shall not be bound in any way by any statement or action on the part of any committee member except what a statement or action is in pursuit of specific instructions from the Board, Department, or committee.
- (o) **Reports to Board.** The committee shall file an annual written report with the Board.
 - (1) The report shall list the meeting dates of the committee and any subcommittees, the attendance records of its members, a brief description of actions taken by the committee, a description of how the committee has accomplished the tasks given to the committee by the Board, the status of any rules which were recommended by the committee to the Board, anticipated activities of the committee for the next year, and any amendments to this section requested by the committee.
 - (2) The report shall identify the costs related to the committee's existence, including the cost of agency staff time spent in support of the committee's activities.
 - (3) The report shall cover the meetings and activities in the immediate preceding 12 months and shall be filed with the Board each January. It shall be signed by the presiding officer and appropriate Department staff.

146.3. APPLICABILITY.

- (a) The purpose of this section is to describe who is eligible for this voluntary training and certification program under the Health and Safety Code, Chapter 46.
- (b) The provisions of this chapter apply to any Promotor(a) or CHW, and instructor, representing that he or she performs or will perform as a certified Promotor(a) or CHW or, trains or will train Promotores(as) or CHWs respectively. It also applies to any institution or training program that will sponsor or sponsors or provides training programs for Promotores(as) or CHWs, who will expect certification under this chapter.
- (c) Nothing in this chapter requires Promotores(as) or CHWs, instructors, sponsoring institutions or training programs to participate in this voluntary training and certification program.

146.4. APPLICATION REQUIREMENTS AND PROCEDURES FOR PROMOTORES(AS) OR CHWS.

- (a) **Purpose.** The purpose of this section is to set out the application procedures for certification of Promotores(as) or CHWs.
- (b) **Promotor(a) or CHW certificate of competence.**
 - (1) Unless otherwise indicated, an applicant must complete all required information and documentation on official Department forms and submit the required information and documentation electronically or in hard copy to the Department.
 - (2) The Department shall send a notice listing the additional materials required to an applicant whose application is incomplete. An application not completed within 30 days after the date of notice shall be invalid unless the applicant has advised the Department of a valid reason for the delay.
- (c) **Required application materials.** The application form shall contain the following items:
 - (1) specific personal data, social security number or status (optional), birth date, current and previous Promotor(a) or CHW activity (if applicable), and any educational and training background;
 - (2) a statement that the applicant understands the Health and Safety, Chapter 46 and this chapter and agrees to abide by them;
 - (3) the applicant's permission to the Department to seek any information or references which are material in determining the applicant's qualifications;
 - (4) a statement that the applicant, if issued a certificate, shall return the certificate and identification card(s) to the Department upon the expiration, revocation, or suspension of the certificate;
 - (5) a statement that the applicant understands that the materials submitted become the property of the Department and are nonreturnable (unless prior arrangements have been made);
 - (6) a statement that the information in the application is truthful and that the applicant understands that providing false or misleading information which is material in determining the applicant's qualifications may result in the voiding of the application and failure to be granted any certificate or the revocation of any certificate issued;
 - (7) a statement that the applicant shall advise the Department of his or her current mailing address within 30 days of any changes of address;
 - (8) the dated signature of the applicant certifying the truth of the information submitted; and
 - (9) the signature of the instructor, sponsoring institution or training program indicating successful completion of the Promotor(a) or CHW training and the date when the training was successfully completed.

(d) Application approval .

- (1) The committee shall be responsible for reviewing all applications and recommending Promotores(as) or CHWs to be certified to the administrator.
- (2) The administrator shall approve any application which is in compliance with this chapter and which properly documents applicant eligibility, unless the application is disapproved under the provisions of subsection (e) of this section.

(e) Disapproved applications .

- (1) The Department may disapprove the application if the applicant:
 - (A) has not met the eligibility and application requirements set out in this section;
 - (B) has not successfully completed an approved competency-based Promotor(a) or CHW training;
 - (C) has failed or refused to properly complete or submit any application form(s) or has knowingly presented false or misleading information on the application form, or any other form or documentation required by the Department to verify the applicant's qualifications for certification;
 - (D) has engaged in unethical conduct; or
 - (E) has developed an incapacity, which in accordance with the Americans with Disabilities Act, prevents the practice of Promotor(a) or CHW service with reasonable skill, competence, and safety to the public as the result of:
 - (i) an illness;
 - (ii) drug or alcohol dependency; or
 - (iii) another physical or mental condition or illness;
- (2) If the administrator determines that the application should not be approved, the administrator shall give the applicant written notice of the reason for the disapproval and of the opportunity for re-application or for appeal;
- (3) The applicant whose application has been disapproved under paragraph one of this subsection shall be permitted to reapply after a period of not less than six months from the date of the disapproval and shall submit a current application satisfactory to the Department, of compliance with the then current requirements of this chapter and the provisions of the Act.
- (4) The applicant whose application has been disapproved under paragraph one of the subsection shall be permitted to ask for reconsideration in writing after a period of not less than six months from the date of the disapproval to the Department.

- (f) **Application processing.** A written notice stating that the application has been approved may be sent in lieu of the notice of acceptance of a complete application. The following periods of time shall apply from the date of receipt of an application until the date of issuance of a written notice that the application is complete and accepted for filing or that the application is deficient and additional specific information is required:
- (1) letter of acceptance of application for certification—30 days.
 - (2) letter of application deficiency—30 days.

' 146.5. APPLICATION REQUIREMENTS AND PROCEDURES FOR INSTRUCTORS.

- (a) **Purpose.** The purpose of this section is to set out the application procedure for certification of instructors.
- (b) **Instructor certificate.**
- (1) Unless otherwise indicated, an applicant must complete all required information and documentation of credentials on official Department forms and submit the required information and documentation electronically or in hard copy to the Department.
 - (2) The Department shall send a notice listing the additional materials required to an applicant whose application is incomplete. An application not completed within 30 days after the date of notice shall be invalid unless the applicant has advised the Department of a valid reason for the delay.
- (c) **Required application materials.** The application form shall contain the following items:
- (1) specific personal data, social security number or status (optional), birth date, current and previous places of employment, other state licenses and certificates held, and educational and training background;
 - (2) a statement that the applicant understands the Health and Safety Code, Chapter 46 and this chapter and agrees to abide by them;
 - (3) the applicant's permission to the Department to seek any information or references which are material in determining the applicant's qualifications;
 - (4) a statement that the applicant, if issued a certificate, shall return the certificate and identification card(s) to the Department upon the expiration, revocation, or suspension of the certificate;
 - (5) a statement that the applicant understands that the materials submitted become the property of the Department and are nonreturnable (unless prior arrangements have been made);
 - (6) a statement that the information in the application is truthful and that the applicant understands that providing false or misleading information which is material in determining the applicant's qualifications may result in the voiding of the application and failure to be granted any certificate or the revocation of any certificate issued;
 - (7) a statement that the applicant shall advise the Department of his or her current mailing address within 30 days of any changes of address;
 - (8) the dated signature of the applicant certifying the truth of the information submitted; and

- (9) the signature of the executive officer of a sponsoring institution or training program which attests to the competence of the instructor.

(d) **Application approval.**

- (1) The committee shall be responsible for reviewing all applications and recommending those to be certified by the administrator.
- (2) The administrator shall approve any application which is in compliance with this chapter and which properly documents applicant eligibility, unless the application is disapproved under the provisions of subsection (e) of this section.

(e) **Disapproved applications.**

- (1) The Department may disapprove the application if the applicant:
 - (A) has not met the eligibility and application requirements set out in this chapter;
 - (B) does not have the appropriate training or experience to qualify as an instructor;
 - (C) has failed or refused to properly complete or submit any application form(s) or has knowingly presented false or misleading information on the application form, or any other form or documentation required by the Department to verify the applicant's qualifications for certification;
 - (D) has engaged in unprofessional conduct; or
 - (E) has developed an incapacity, and in accordance with the Americans with Disabilities Act, that prevents the instructor from practicing with reasonable skill, competence, and safety to the public as the result of:
 - (i) illness;
 - (ii) drug or alcohol dependency; or
 - (iii) another physical or mental condition or illness;
 - (2) If the administrator determines that the application should not be approved, the administrator shall give the applicant written notice of the reason for the disapproval and of the opportunity for re-application;
 - (3) The applicant whose application has been disapproved under paragraph one of this subsection shall be permitted to reapply after a period of not less than six months from the date of the disapproval and shall submit a current application satisfactory to the Department, of compliance with the then current requirements of this chapter and the provisions of the Health and Safety Code, Chapter 46.
- (f) **Application processing.** A written notice stating that the application has been approved may be sent in lieu of the notice of acceptance of a complete application. The following periods of time shall apply from the date of receipt of an application until the date of issuance of a written notice that the application is complete and accepted for filing or that the application is deficient and additional specific information is required:

- (1) letter of acceptance of application for certification—30 days.
- (2) letter of application deficiency—30 days.

146.6. APPLICATION REQUIREMENTS AND PROCEDURES FOR SPONSORING INSTITUTIONS AND TRAINING PROGRAMS.

- (a) **Purpose.** The purpose of this section is to set out the application procedures for certification of sponsoring institutions and training programs.
- (b) **Sponsoring institution or training program certificate.**
 - (1) Unless otherwise indicated, an applicant must complete all required information and documentation of credentials on official Department forms and submit the required information and documentation electronically or in hard copy.
 - (2) The Department shall send a notice listing the additional materials required to an applicant whose application is incomplete. An application not completed within 30 days after the date of notice shall be invalid unless the applicant has advised the Department of a valid reason for the delay.
- (c) **Required application materials.** The application form shall contain the following items:
 - (1) specific organizational data, current and previous experience with training or sponsoring training for Promotores(as) or CHWs, educational and training qualifications of staff, accrediting information, curricula and collateral materials, workplace assurances, registration policies and procedures for Promotores(as) or CHWs.
 - (2) a statement that the applicant understands Health and Safety Code, Chapter 46 and this chapter and agrees to abide by them;
 - (3) the applicant's permission to the Department to seek any information or references which are material in determining the applicant's qualifications;
 - (4) a statement that the applicant, if issued a certificate, shall return the certificate(s) to the Department upon the expiration, revocation, or suspension of the certificate(s);
 - (5) a statement that the applicant understands that the materials submitted become the property of the Department and are nonreturnable (unless prior arrangements have been made);
 - (6) a statement that the information in the application is truthful and that the applicant understands that providing false or misleading information which is material in determining the applicant's qualifications may result in the voiding of the application and failure to be granted any certificate or the revocation of any certificate issued;
 - (7) a statement that the applicant shall advise the Department of the organization's current mailing address within 30 days of any changes of address; and
 - (8) the dated signature of the chief executive officer certifying the truth of the information submitted.

(d) **Application approval.**

- (1) The committee shall be responsible for reviewing all applications and recommending those to be certified to the administrator.
- (2) The administrator shall approve any application which is in compliance with this chapter and which properly documents applicant eligibility, unless the application is disapproved under the provisions of subsection (e) of this section.

(e) **Disapproved applications.**

- (1) The Department may disapprove the application if the applicant:
 - (A) has not met the eligibility and application requirements set out in this chapter; or
 - (B) has failed or refused to properly complete or submit any application form(s) or has knowingly presented false or misleading information on the application form, or any other form or documentation required by the Department to verify the applicant's qualifications for certification.
- (2) If the administrator determines that the application should not be approved, the administrator shall give the applicant written notice of the reason for the disapproval and of the opportunity for re-application;
- (3) The applicant whose application has been disapproved under paragraph one of this subsection shall be permitted to reapply after a period of not less than six months from the date of the disapproval and shall submit a current application satisfactory to the Department, of compliance with the then current requirements of this chapter and the provisions of the Act.

(f) **Application processing.** A written notice stating that the application has been approved may be sent in lieu of the notice of acceptance of a complete application. The following periods of time shall apply from the date of receipt of an application until the date of issuance of a written notice that the application is complete and accepted for filing or that the application is deficient and additional specific information is required:

- (1) letter of acceptance of application for certification—30 days.
- (2) letter of application deficiency—30 days.

' 146.7. TYPES OF CERTIFICATES AND APPLICANT ELIGIBILITY.

(a) **Purpose.** The purpose of this section is to set out the types of certificates issued and the qualifications of applicants.

- (1) The Department shall issue Promotor(a) or CHW certificates of competence, instructor certificates, and sponsoring institutions or training program certificates. A certificate will recognize all those who have performed Promotor(a) or CHW services during the three-year period preceding the effective date of these rules and not less than 1000 cumulative

hours during any 12 consecutive months. A certificate will recognize all those who have successfully completed an entry-level training and certification program.

- (2) Certificates shall be signed by the commissioner of the Department and presiding officer of the advisory committee. The identification card issued to a Promotor(a) or CHW and instructor shall bear the signature of the commissioner and contain a photo of the Promotor(a) or CHW and instructor.
- (3) Any certificate or identification card(s) issued by the Department remains the property of the Department and shall be surrendered to the Department on demand.
- (4) A Promotor(a) or CHW and instructor shall carry the original identification card. A sponsoring institution or training program shall display the original certificate at the training or educational site. Photocopies shall not be carried or displayed.
- (5) A person certified as a Promotor(a) or CHW shall only allow his or her certificate to be copied for the purpose of verification by employers, professional organizations, and third party payors for credentialing and reimbursement purposes. Other persons and/or agencies may contact the administrator in writing or by phone to verify certification.
- (6) No one shall display, present, or carry a certificate or an identification card which has been altered, photocopied, or otherwise reproduced.
- (7) No one shall make any alteration on any certificate or identification card issued by the Department.

(b) **Special provisions for persons who have performed Promotor(a) or CHW services during the three year period, preceding the effective date of these rules.** Upon submission of the application forms by the practicing Promotor(a) or CHW and upon approval by the Department, the Department shall issue a certificate of competence to a person who has performed Promotor(a) or CHW services for not less than 1000 cumulative hours during any 12 consecutive months, as documented on form(s) prescribed by the Department.

(c) **Special provisions for persons who are nationally certified health education specialists in good standing, other licensed/certified healthcare professionals including social workers in good standing who have acted as instructors of Promotores(as), and for Promotores(as) or CHWs who have acted as supervisors or as trainers, have experience in performing Promotor(a) or CHW services for not less than 1000 cumulative hours during any 12 consecutive months, or have attended a competency-based training program within the three years from the date these rules are final.** Upon submission of the application forms by an instructor, other licensed/certified healthcare professional or certified health education specialist and upon approval by the Department, the Department shall issue an instructor certificate to a person who is certified by the National Commission for Health Education Credentialing, Inc., or who is a licensed/certified healthcare professional and to a Promotor(a) or CHW who meets the above qualifications.

(d) **Minimum eligibility requirements for Promotor(a) or CHW certification.** The following requirements apply to all individuals applying for certification who do not meet the requirements of subsection (b) of this section:

- (1) attainment of 18 years of age or an eligible and informed minor as determined by the committee;

- (2) freedom from physical or mental impairment, in accordance with the Americans with Disabilities Act, interferes with the performance of duties or otherwise constitutes a hazard to the health or safety of the persons being served;
 - (3) submission of a satisfactory completed application on a form supplied by the Department; and
 - (4) successful completion of an approved competency-based training program.
- (e) **Minimum eligibility requirements for instructor certification.** The following requirements apply to all individuals applying for certification who do not meet the requirements of subsections (c) of this section:
- (1) graduation from high school or its equivalent as determined by the sponsoring institution or the training program or six years of continuous service as a Promotor(a) or CHW;
 - (2) attainment of 18 years of age or an eligible and informed minor as determined by the committee;
 - (3) attendance at an instructor/trainer program by an approved sponsoring institution or training program;
 - (4) freedom from physical or mental impairment, which in accordance with the Americans with Disabilities Act, interferes with the performance of duties or otherwise constitutes a hazard to the health or safety of participants; and
 - (5) submission of a satisfactory completed application on a form supplied by the Department.
- (f) **Minimum eligibility requirements for sponsoring institution or training program certification.** The following requirements apply to all institutions or programs applying for certification:
- (1) usage of an approved curriculum for Promotor(a) or CHW training, instructor certification and/or for continuing education of Promotores(as) or CHWs and instructors that meets the standards and guidelines established by the Department and as set forth in ' 146.8 of this title; and
 - (2) submission of a satisfactory completed application on a form supplied by the Department.

' 146.8. STANDARDS FOR THE APPROVAL OF CURRICULA.

- (a) **Purpose.** The purpose of this section is to establish the minimum standards for approval of curricula and programs to train persons to perform Promotor(a) or CHW services and to quality for the certificate of competence.
- (b) All curricula to be used and programs developed to train individuals to perform Promotor(a) or CHW services or to act as instructors must:
- (1) assure that the eight core skill and knowledge competencies, identified in the *National Community Health Advisor Study*, June 1998 for Promotores(as) or CHWs, including communication, interpersonal, service coordination, capacity-building, advocacy, teaching and organizational skills and knowledge base are addressed;

- (2) include at a minimum 20 clock hours of knowledge and skill-building per core competency for Promotores(as) or CHWs and include at a minimum 20 clock hours for instructor training in each of the core competencies that affect Promotores(as) or CHWs;
- (3) evaluate and document the acquisition of knowledge and mastery of skills by the individual and the success of the training program according to the performance measures framework established within the *National Community Health Advisor Study*, June 1998;
- (4) be approved by the Department and be offered within the geographic limits of the State of Texas;
- (5) be submitted to the Department at least ten weeks prior to the starting date of the program to be offered by a sponsoring institution;
- (6) be submitted to the Department along with supporting materials in a three-ring binder with all pages clearly legible and consecutively numbered with a table of contents and divided with tabs identified to correspond to the core competencies, including evaluation materials and other programmatic information and assurances required within this section;
- (7) provide a list of approved instructors, facilities and locations for the training program;
- (8) provide a yearly calendar of scheduled training events by dates, times and locations;
- (9) identify the method for recruiting persons to the program;
- (10) report the names of individuals to the Department who have successfully completed the training program within 30 days of program completion;
- (11) maintain an accurate record of each persons attendance and participation for not less than five years;
- (12) be live and interactive and directed by an approved instructor or delivered by an approved instructor through interactive technology in real time; and
- (13) focus on the eight core roles of the Promotor(a) or CHW as noted in the definition of Promotor(a) or CHW.

146.9. CERTIFICATE ISSUANCE AND RENEWALS.

- (a) **Purpose.** The purpose of this section is to set out the rules for issuing certificates and certificate renewal.
- (b) **Issuance of certificates.**
 - (1) Upon approval of the application, the Department shall issue the Promotor(a) or CHW, instructor or sponsoring institution or training program a certificate with an expiration date and a certificate number. An identification card shall be included for the Promotor(a) or CHW and the instructor.
 - (2) The Department shall replace a lost, damaged, or destroyed certificate or identification card upon written request.

- (c) **Certificate renewal.** Each Promotor(a) or CHW, instructor and sponsoring institution or training program shall renew the certificate biennially.
 - (1) Each Promotor(a) or CHW, instructor and sponsoring institution is responsible for renewing the certificate before the expiration date. Failure to receive notification from the Department prior to the expiration date will not excuse failure to file for renewal.
 - (2) Each Promotor(a) or CHW, instructor and sponsoring institution is responsible for completing a renewal form.
 - (3) The Department may not renew the certificate of a Promotor(a) or CHW, instructor or sponsoring institution or training program who is in violation of the Act or this chapter at the time of renewal.
- (d) **Expired certificates.** The Department, by certified mail using the last address known, shall attempt to inform each Promotor(a) or CHW, instructor, or sponsoring institution or training program who has not timely renewed a certificate, after a period of more than ten days after the expiration of the certificate that the certificate has automatically expired. A person or institution or training program whose certificate automatically expires is required to surrender the certificate and identification cards to the Department.
- (e) **Right to inspect.** The Department reserves the right to inspect facilities and documentation and to monitor sponsoring institutions, training programs, and instructors.

146.10. CONTINUING EDUCATION REQUIREMENTS.

- (a) **Purpose.** The purpose of this section is to establish the continuing education requirements which a Promotor(a) or CHW and instructor must complete to maintain certification. The requirements are intended to maintain and improve the quality of professional services provided by Promotores(as) or CHWs and instructors and to keep these individuals knowledgeable of current programs, techniques and practices. Approved sponsoring institutions and/or training programs can offer continuing education opportunities for Promotores(as) or CHWs and instructors.
- (b) **General.** Continuing education requirements for recertification shall be fulfilled during each biennial renewal period. A Promotor(a) or CHW must complete 80 contact hours of continuing education acceptable to the Department during each biennial renewal period. An instructor must complete at a minimum 32 contact hours of continuing education acceptable to the Department during each biennial renewal period.
 - (1) At least 50% of the required number of hours shall be satisfied by attendance and participation in instructor-directed activities.
 - (2) No more than 50% of the required number of hours may be satisfied through verifiable independent self-study. These activities include reading materials, audio materials, audiovisual materials, or a combination thereof which meet the requirements set out in this section.

- (3) A contact hour shall be defined as 50 minutes of attendance and participation. One-half contact hour shall be defined as 30 minutes of attendance and participation during a 30-minute period.
- (c) **Content.** All continuing education activities should provide for the professional growth of the Promotor(a) or CHW and instructor.
 - (1) At least 50% of the required hours must be skill-based activities which are directly related to Promotor(a) or CHW competencies.
 - (2) The remaining 50% can be related to new knowledge base or programmatic activity.
- (d) **Types of acceptable continuing education.** Continuing education shall be acceptable if the experience or activity is at least 30 consecutive minutes in length and is offered by an approved sponsoring institution and/or training program.
- (e) **Reporting of continuing education.** Each Promotor(a) or CHW and instructor is responsible for and shall complete and file with the Department at the time of renewal a continuing education report form approved by the Department listing the title, date and number of hours for each activity for which credit is claimed. The sponsoring institution or training program must provide a list of instructors, Promotores(as) or CHWs who successfully complete continuing education contact hours within 30 days of the continuing education event.
- (f) **Failure to complete the required continuing education.**
 - (1) An instructor, Promotor(a) or CHW may request a one time only 120-day extension in order to complete the continuing education requirement.
 - (2) An instructor, Promotor(a) or CHW who has not corrected the deficiency by the expiration date of the 120-day extension shall be considered as noncompliant with the renewal requirements and may no longer be certified under the expired certificate.
 - (3) An instructor, Promotor(a) or CHW may take the required training again to become an instructor, Promotor(a) or CHW if deadlines for renewal were not met.

Appendix D

Stakeholder Comments on the Rules Regarding the Training and Certification of Promotores(as) or Community Health Workers

The following comments were received during public hearings concerning the then-proposed Rules Regarding the Training and Certification of Promotores(as) or Community Health Workers (CHWs). During hearings held in Arlington, El Paso, Houston and Weslaco, Texas the Promotora Program Development Committee (PPDC) heard from more than 150 individuals. Following each comment is the Department of Health's response and any resulting changes.

Comment: Concerning the term "Promotora," numerous comments were made concerning the proper use of non-gender biased terms in the text. It was suggested that Promotor(a) be used in the singular form and Promotores(as) be used in the plural form.

Response: The Department agrees. The text will reflect this editorial change.

Comment: The PPDC recommends that "health" be defined in §146.1 and that the World Health Organization (WHO) definition be adopted.

Response: The Department agrees. The WHO definition of "health" has been added to §146.1 as §146.1(7). The definition of "health" will read "the extent to which an individual or a group is able to realize aspirations and satisfy needs, and to change or cope with the environment. Health is a resource for everyday life, not the objective of living; it is a positive concept emphasizing social and personal resources as well as physical capabilities."

Comment: Concerning the definition of "Promotor(a) or Community Health Worker" in proposed §146.1(9), the PPDC, the temporary committee established by Chapter 857 of the 76th Legislature to advise the Department on the development of a Promotor(a) training and certification program, was concerned about Promotores(as) or CHWs providing direct services as this is beyond the scope of work for a Promotor(a). The PPDC recommended that the definition be amended to read "provides referral and follow-up services."

Response: The Department agrees. The definition of "Promotor(a) or Community Health Worker" in renumbered §146.1(10) has been amended accordingly.

Comment: Concerning the definition of “Promotor(a) or CHW” in proposed §146.1(9), a commenter was concerned that the term “cultural mediation” needs to be more thoroughly defined.

Response: The Department agrees; however, this comment does not affect rule language. In addition, no recommendation was made for a change in language. No changes were made to the rule as a result of this comment.

Comment: Concerning the definition of “Promotor(a) or CHW” in proposed §146.1(9), a commenter suggested that “health” be replaced with “health, human services, adult education, youth and elderly.”

Response: The Department disagrees because the Department, in response to another comment, provided a broader definition of “health.” No changes were made to the rule as a result of this comment.

Comment: Concerning the word “health” in the definition of instructor in proposed §146.1(7), several commenter’s suggested that it be deleted.

Response: The Department disagrees. The definition of “health” is essential to the practice of a certified instructor. No changes were made to the rule as a result of this comment.

Comment: Concerning the term “community health worker” in its use throughout the text, one commenter suggested that it be replaced with community outreach worker.

Response: The Department disagrees with the comment. Community outreach worker does not fully describe the services provided by a Promotor(a) or CHW. The PPDC also ruled that “community health worker” is the correct term. No changes were made to the rules as a result of this comment.

Comment: Concerning what a Promotor(a) or CHW does, one commenter suggested that their practice reflects the totality of well-being including social, political and spiritual dimensions.

Response: The Department agrees. No changes were made to the rules as a result of this comment because the commenter did not indicate the need for a change.

Comment: Concerning the intent of the rules, one commenter noted that the true meaning of this work is to build infrastructure to empower the community to help itself.

Response: The Department agrees. No changes were made to the rules as a result of this comment because the commenter did not indicate the need for a change.

Comment: Concerning the use of the term “health,” one commenter felt that it did not reflect the social dimension or a holistic approach to what a Promotor(a) or CHW does.

Response: The Department agrees and has adopted the WHO definition of health which incorporates these concepts into section §146.1(7).

Comment: One commenter noted that Promotores(as) are about service to the community, trust, compassion, sensitivity, and heart and that it is hard to regulate, teach or document these attributes.

Response: The Department agrees. No changes were made to the rules as a result of these comments because the commenter did not indicate the need for a change.

Comment: Concerning the composition of the Promotor(a) or CHW Training and Certification Advisory Committee in §146.2(f), numerous comments were received which recommended that Promotores(as) have a stronger role in regulating Promotores(as).

Response: The Department agrees. The number of certified Promotores(as) or CHWs has been increased from two to four on the Promotor(a) or CHW Training and Certification Advisory Committee in §146.2(f)(1).

Comment: Concerning §146.2(f)(1), commenters questioned what is meant by the “equivalent” and whether it is realistic to have certified Promotores(as) on the committee given the timetable.

Response: The Department realizes the Promotor(a) or CHW Training and Certification Advisory Committee will not have certified Promotores(as) or CHWs because none will exist at the start. Therefore, an equivalent means those Promotores(as) or CHWs in good standing with their communities who can serve in that capacity. No changes were made to the rule as a result of this comment because the commenter did not indicate the need for a change.

Comment: Concerning §146.2(f), commenters suggested the committee must be diverse with a balance of gender, race, ethnic and geographic representation.

Response: The Department agrees. However based upon federal civil rights law and Texas Board of Health policy, the Board of Health will insist on this at the time advisory committee members are selected. Geographic diversity is required by Health and Safety Code §11.016(6). No changes were made to the rule as a result of this comment.

Comment: Concerning §146.2(f), staff commented that Health and Safety Code §11.016(b)(2) requires “the inclusion on the advisory committee of at least two members who represent the interest of the public.”

Response: The Department agrees. Public members will be increased from one to two in accordance with Health and Safety Code §11.016(b)(2) and §146.2(f)(2) has been amended.

Comment: Concerning §146.2(f), the PPDC and staff have recommended that the composition of the advisory committee include four Promotores(as) or CHWs, two public members, two professionals who work with Promotores(as) or CHWs in a community setting, and one member from the Texas Higher Education Coordinating Board or higher education faculty who has teaching experience in community health, public health or adult education and has trained Promotores(as) or CHWs.

Response: The Department agrees. Section §146.2(f) has been modified to reflect this change.

Comment: Concerning §146.2(f), commenters recommended the committee be composed of individuals who know and understand the issues faced/lived by Promotores(as) and should include representatives from health and human services, social work, outreach programs, advocacy groups and training programs.

Response: The Department agrees. The composition of the Promotor(a) or CHW Training and Certification Advisory Committee has been changed to reflect those representatives who have working knowledge of and experience with Promotor(a) or CHW activities and issues. The composition includes: four Promotores(as) or CHWs, two public members, two professionals who work with Promotores(as) or CHWs in a community setting, and one member from the Texas Higher Education Coordinating Board or higher education faculty who have teaching experience in community health, public health or adult education and has trained Promotores(as) or CHWs.

Comment: Concerning §146.2(f), numerous commenters suggested that future composition of the committee should ensure that at least 50% of its members have ongoing and day to day work experience with Promotores(as) or CHWs.

Response: The Department agrees. Rule language has been amended to reflect this recommendation. Each committee member, with the exception of the public members, must be a Promotor(a) or CHW or have experience working with or teaching Promotores(as) or CHWs.

Comment: Concerning §146.2(f), commenters recommended that the PPDC, the temporary committee established by House Bill 1864 of the 76th Legislature, become the Promotor(a) or CHW Training and Certification Advisory Committee and that PPDC members be given three years to serve.

Response: The Department disagrees. The PPDC is a temporary committee established by the legislature in Article 1. of Chapter 857 whose responsibility will end in September 1, 2001, and whose function is different than the proposed Promotor(a) or CHW Training and Certification Advisory Committee. No change was made to the rule as a result of this comment.

Comment: Concerning §146.2(f), several commenters noted that they were not convinced that the most appropriate individuals to serve on such an important committee would be selected and asked who else can elect or assist the Board to elect the committee members.

Response: The Department disagrees. The Texas Board of Health's nominating and selection processes for advisory committee members is open. Nominations are solicited widely from across the state and selection is made by the Board's human relations committee and the full Board in open meetings with opportunity for public comment. The Board will insist on appropriate and diverse representation to the committee.

Comment: Concerning §146.2(f), one commenter noted that "we don't want to create some kind of standard without Promotor(a) input and lose the essence of what Promotores(as) are about."

Response: The Department agrees. No changes were made to the rule as a result of this comment because no specific changes to the rule were suggested.

Comment: Concerning §146.2(f), one commenter asked "are we birthing a new profession or are you trying to regulate it to extinction?" In addition, the commenter mentioned that lawyers regulate lawyers, physicians regulate physicians and that Promotores(as) should also be recognized for their expertise.

Response: The Department agrees that Promotores(as) or CHWs should have a stronger voice on the proposed committee. The changes to the Promotor(a) or CHW Training and Certification Advisory Committee noted in response to previous comments to take into consideration the need for more representation by Promotores(as) or CHWs. No changes were made to the rule as a result of the commenter's question, because changes that address these concerns were made in response to a previous comment.

Comment: Concerning §146.2(f), one commenter suggested that certification needs to be placed in the hands of the Promotores(as).

Response: The Department agrees. The changes to the Promotor(a) or CHW Training and Certification Advisory Committee take into consideration the need for more representation by Promotores(as) or CHWs. No change was made to the rule.

Comment: Concerning §146.2(f)(5), one commenter recommended that university faculty members have experience with either the education of, or in working with CHWs.

Response: The Department agrees. This change has been reflected by language added in §146.2(f)(5).

Comment: Concerning §146.2, several commenters recommended that each committee appointee be accompanied by a Promotor(a) counterpart.

Response: The Department disagrees. The Department has amended the composition of the advisory committee to ensure a balance of Promotores(as) or CHWs and agency/professional representatives. No change was made to the rule as a result of this comment.

Comment: Concerning §146.3, numerous commenters were concerned about the benefits of becoming a certified Promotor(a), and who will benefit from this process.

Response: The intent of the legislation, Chapter 857 enacted by the 76th Legislature, was to bring uniformity to the training of Promotores(as) or CHWs and to validate and recognize Promotores(as) or CHWs for their work. The Department agrees with this intent. It is expected that by becoming certified, a Promotor(a) or CHW will have more options for future employment and employers will have the option of selecting a community workforce which is qualified and well-trained. No changes to the rules were made as a result of this comment, because no specific changes to the rule was suggested.

Comment: Concerning §146.3, several commenters were concerned about what will happen to those Promotores(as) who are not certified.

Response: The training and certification program is voluntary as required by Health and Safety Code, 46.002. Regardless of whether Promotores(as) or CHWs seek certification or not, they may continue to practice. No changes to the rule were made as a result of this comment, because no specific changes to the rule was suggested.

Comment: Concerning §146.3, several commenters were concerned that there would not be anyone to advocate for Promotores(as) who are not affiliated with organizations and are not paid for their work or that there would not be access to the training and certification program.

Response: The Department disagrees. Access to the voluntary training and certification cannot and will not be denied on the basis of compensation or organizational affiliation. No changes to the rule were made as a result of this comment.

Comment: Concerning §146.3, several commenters were concerned about the financial cost to the Promotor(a) for attaining this voluntary certification.

Response: The Department agrees with these concerns. The Department recommends that the sponsoring institution or training program not require fees from the individual Promotor(a) or CHW. The Department under the present legislation is not authorized to collect fees from the Promotor(a) or CHW, instructor or sponsoring institution or training program. No changes to the rule were made as a result of this comment, because the Department has no control over the fees charged by the institutions in question.

Comment: Concerning §146.3, several commenters asked “what will happen with local training and credentialing efforts by entities such as El Paso Community College?”

Response: Nothing will happen to this effort. El Paso Community College may apply to become a sponsoring institution or training program for Promotores(as) who seek certification. No changes were made to the rule as a result of this comment, because no specific changes were suggested by the comment.

Comment: Concerning §146.3, one commenter noted that “people need to tell us that we are doing a good job and you can go to school and get a certification.”

Response: The Department agrees. No changes were made to the rule as a result of this comment.

Comment: Concerning §146.3, one commenter said “without certification we can’t get recognized and without certification and recognition we can’t get paid.”

Response: The Department disagrees with this comment; this is a voluntary training and certification program and does not preclude employment or compensation. Employment qualifications will be up to individual employers as they are now. No changes were made to the rule as a result of this comment.

Comment: Concerning §146.3, one commenter wanted to know “what is going to be the basic salary for the Promotores(as)?”

Response: The Department is not responsible for determining a salary structure for paid Promotores(as) or CHWs. No changes were made to the rule as a result of this comment, because no specific changes were suggested by the comment.

Comment: Concerning §146.3, one commenter said “you can reward with better pay, better benefits, more opportunities to be integrated and to be respected but it is extremely difficult to regulate something you cannot regulate.”

Response: The Department agrees that certification could bring about greater benefits for Promotores(as) or CHWs. No changes were made to the rule as a result of this comment.

Comment: Concerning §146.3, one commenter noted that there needs to be a linkage between the academic sector and the health and human service sector so that there are positions and market created for CHWs.

Response: The Department agrees. No changes were made to the rule as a result of this comment, because no specific changes were suggested by the comment.

Comment: Concerning §146.3, one commenter noted that programs do not pay for training Promotores(as) and suggested that the rules identify who should pay for training.

Response: The Department disagrees. The issues of the cost of training and who will pay these costs are beyond the scope of these rules. No changes were made to the rule as a result of this comment.

Comment: Concerning §146.3, one commenter said “there should be very clear guidance that says that certification is extremely valuable if it is going to improve the working conditions and the opportunities for Promotores(as).”

Response: The Department disagrees. While the Department believes the rules can serve these goals, working conditions and opportunities will ultimately be decided upon by employers. No changes were made to the rule as a result of this comment.

Comment: Concerning §146.3, one commenter said that she speaks in favor of any action which would enhance, which would recognize and which would promote the Promotores(as) movement and that the regulations should seek to be inclusive rather than exclusive.

Response: The Department agrees and thanks the commenter for her encouragement. No changes were made to the rule as a result of this comment.

Comment: Concerning §146.3, one commenter said “Promotores(as), if they are going to become part of the workforce that contributes to wellness, need to be respected not only in the area of education and in the area of giving them the knowledge to do their work, but in the areas of giving them the salary, giving them the benefit, giving them everything that they go around talking to the community about.”

Response: The Department agrees but notes that these issues are beyond the scope of these rules. No changes were made to the rule as a result of this comment.

Comment: Concerning §146.3, one commenter noted that Promotores(as) should be looked at as providers of the same knowledge that they themselves need to impart and give them a certificate.

Response: The Department agrees with providing a Promotor(a) or CHW an instructor certificate if they meet the eligibility exemption or successfully complete an instructor’s training program. No changes were made to the rules as a result of this comment, because no specific changes were suggested by the commenter.

Comment: Concerning §146.3, one commenter noted that “what I ask you is to value our desire, our willingness and to allow us to have that pride when some people ask us to have some paper in writing and to be able to obtain that dignity to say here it is, I do have it.”

Response: The Department agrees. No changes were made to the rule as a result of this comment because no specific changes were suggested by the commenter.

Comment: Concerning §146.3, several commenters are concerned that the rules and regulations are too restrictive and that doors will close as a result.

Response: The Department disagrees. This is a voluntary training and certification program only. Promotores(as) or CHWs can continue to practice regardless of certification status. No changes were made to the rule as a result of this comment.

Comment: Concerning §146.3, several commenters felt that the rules put up barriers and restrictions to their practice.

Response: The Department disagrees. This is a voluntary training and certification program only. A CHW can continue to practice regardless of certification status. No changes were made to the rule as a result of this comment.

Comment: Concerning §146.4(c)(1), several commenters said that requiring specific personal data, social security number or status will deny access to many Promotores(as) who would be interested in being certified.

Response: The Department disagrees. The proposed rules do not specify what personal information will be collected. The Department will make the referenced information optional data items on application materials. No change was made as a result of the comments.

Comment: Concerning §146.4(c)(1), several commenters asked, “does this imply that only permanent residents and/or citizens could be certified?”

Response: The Department disagrees. There are no requirements associated with citizenship or residency. No changes were made to the rules as a result of this comment.

Comment: Concerning §146.4(c)(1), a large majority of the commenters spoke about an educational requirement such as a GED or high school diploma as a major barrier to obtaining their certificate.

Response: The Department disagrees. The rules do not contain any requirement specific to educational attainment. No changes were made to the rule as a result of these comments.

Comment: Concerning §146.4 in general, many commenters were concerned that the rules would require them to speak both English and Spanish.

Response: The Department disagrees. The definition of Promotor(a) or CHWs does not include a bilingual requirement but only states that “culturally and linguistically appropriate health education” be provided. The Department recognizes that Promotores(as) or CHWs must relate to their communities in the language residents understand. No changes were made to the rule as a result of this comment.

Comment: Concerning §146.4 in general, a couple of commenters asked if persons do not speak English will they have the same opportunities as those that do.

Response: The Department disagrees. The rules do not speak to a bilingual requirement. All Promotores(as) or CHWs will have the same opportunity to be certified regardless of language spoken. Employment qualifications are up to individual employers. No changes were made to the rule as a result of this comment.

Comment: Concerning §146.4(e)(1)(D), several commenters suggested that “unprofessional conduct” be replaced with “unethical” conduct since Promotores(as) are paraprofessionals.

Response: The Department agrees. “Unethical conduct” has replaced “professional conduct” in §146.4(e)(1)(D).

Comment: Concerning §146.4(e)(1)(D), one commenter asked if there will be provisions for a code of ethics or required coursework in unethical conduct.

Response: The Department disagrees. Coursework should address unethical conduct; however, the rules do not include a code of ethics. No changes were made to the rule as a result of this comment.

Comment: Concerning §146.4(e)(1)(E), one commenter mentioned that she was blind but was able to perform as a Promotor(a) and said this physical limitation would prevent her from receiving a certificate.

Response: The Department disagrees. The rules state that the Department may disapprove the application if the applicant has developed an incapacity, which in accordance with the Americans with Disabilities Act, prevents the practice of Promotor(a) or CHW service with reasonable skill, competence, and safety to the public as the result of: (i) an illness; (ii) drug or alcohol dependency; or (iii) another physical or mental condition or illness. No changes were made to the rule as a result of this comment.

Comment: Concerning §146.4 in general, the PPDC recommended than an appeals process be added.

Response: The Department agrees and has added a reconsideration process as §146.4(e)(4).

Comment: Concerning §146.7(a)(1), one commenter recommended that Promotores(as) that are currently practicing should be “grandfathered in” and that other “levels” should exist for those that wish to volunteer only and those that wish to seek an “entry level” certification to be as inclusive in the process as possible.

Response: The Department disagrees. A certificate will recognize all those who have performed Promotor(a) or CHW services during the three-year period preceding the effective date of these rules and not less than 1,000 cumulative hours during any 12 consecutive months. This certificate recognizes those Promotores(as) or CHWs who can be “grandfathered in.” Secondly, a certificate will recognize all those Promotores(as) or CHWs who have successfully completed an entry-level training and certification program. No changes were made to the rule as a result of this comment.

Comment: Concerning §146.7(a)(1), one commenter thought there should be categories of Promotores(as) which would reflect paid and non-paid status.

Response: The Department disagrees and recognizes that any Promotor(a) or CHW may or may not be compensated with or without certification. No changes were made to the rule as a result of this comment.

Comment: Concerning §146.7(a)(1), one commenter noted that social worker certification has levels and wanted to know if the Department envisions a similar process.

Response: The Department disagrees and recognizes that any Promotor(a) or CHW may or may not be compensated with or without certification. No changes were made to the rule as a result of this comment.

Comment: Concerning §146.7(a)(1), one commenter recommended that there should be a distinction between “volunteer” Promotores(as) and those who are certified and/or paid.

Response: The Department disagrees and recognizes that any Promotor(a) or CHW may or may not be compensated with or without certification. No changes were made to the rules as a result of this comment.

Comment: Concerning §146.7(a)(2), one commenter suggested that identification cards should have a picture of the Promotor(a) on it so that community residents can identify them as a Promotor(a).

Response: The Department agrees. For §146.7(a)(2), the second sentence will read “The identification card issued to a Promotor(a) or CHW and instructor shall bear the signature of the commissioner and contain a photo of the Promotor(a) or CHW and instructor.”

Comment: Concerning §146.7(b), several commenters recommended that the wording “not less than 12 consecutive months” be replaced with the following “not less than 1,000 cumulative hours during any 12 consecutive months.”

Response: The Department agrees and will amend §146.7(b) with “not less than 1,000 cumulative hours during any 12 consecutive months” to ensure that migrant health workers have the opportunity to seek certification.

Comment: Concerning §146.7(c), several commenters suggested an inclusion to the existing rule, which reads “licensed/certified social workers, nurses, physicians in good standing who have acted as supervisors, trainers, coordinators and/or have experience in performing community outreach.”

Response: The Department disagrees. To act as a supervisor or coordinator or to perform community outreach does not indicate the ability to instruct. However, the Department has amended this rule to read “other licensed/certified healthcare professionals including social workers in good standing who have acted as instructors of Promotores(as) or CHWs.”

Comment: Concerning §146.7(c), one commenter asked if individuals enrolled under the special provisions rule would be expected to complete the required approved training to maintain certification or whether acquisition of continuing education units would be sufficient to maintain certification.

Response: Those enrolled under §146.7(b) and (c) will not be required to go through training to receive their certificate; however, they must maintain their certificate through the required continuing education process. No changes were made to the rule as a result of this comment because no specific changes were suggested by the commenter.

Comment: Concerning §146.7(c), one commenter said that close attention should be paid to the selection of trainers/instructors because they will influence how well prepared and equipped CHWs will be.

Response: The Department agrees and has specified the basic requirements for instructors but their selection will ultimately be up to the educational institution. No changes were made to the rules as a result of this comment.

Comment: Concerning §146.7(e), one commenter asked “who will train and determine the competency of instructors?”

Response: The sponsoring institution or training program will be responsible for training and determining competence of instructors. No changes were made to the rule as a result of this comment because no specific changes were suggested by the commenter.

Comment: Concerning §146.7(e), several commenters suggested that Promotores(as) would benefit from instructors who are bilingual and multicultural; are able to train on the topic and understand the principles of adult and community education; have ongoing work experience with Promotores(as); are native to the area; and/or have been Promotores(as) or outreach workers.

Response: The Department agrees. These criteria should be considered by training programs and sponsoring institutions when employing instructors and nothing in the rules prevent the consideration of these criteria. No changes were made to the rule as a result of these comments, because no specific changes were suggested by the commenters.

Comment: Concerning §146.7(f), several commenters said that “to a certain degree the regulation and certification of Promotores(as) is good for the field, if the certification also brings in recognition, respect and rewards from all community institutions.”

Response: The Department agrees. No changes to the rule were made as a result of this comment, because no specific changes were suggested by the commenters.

Comment: Concerning §146.7(f), several commenters indicated that certification training can be done by qualified health and social service organizations working with Promotores(as), community colleges, and vocational colleges.

Response: The Department agrees. No changes were made to the rule as a result of this comment, because no specific changes were suggested by the commenters.

Comment: Concerning §146.7(f), several commenters said “that training institutions should provide morning and evening classes.”

Response: The Department disagrees. Training programs or sponsoring institutions will need to accommodate adult learners, but the timing of classes is best left to the educational institutions which best understand community needs. No changes were made to the rule as a result of this comment.

Comment: Concerning §146.7(f), several commenters recommended that there be a partnership established with training institutions that will assist with the cost of training and certification.

Response: The Department agrees. Organizations that employ or use Promotores(as) or CHWs should provide feedback for improving training programs and should partner with training programs or sponsoring institutions so that the Promotor(a) or CHW does not incur costs. No changes were made to the rule as a result of this comment, because no specific changes were suggested by the commenters.

Comment: Concerning §146.7 in general, several commenters asked, “will TDH guidelines for certification be the only ones, and if so, how can we make sure that TDH is aware of the strengths and contents of the Promotor(a) training programs at the local level? Will these programs be approved, supported, recognized, or discarded?”

Response: The Department is required by legislation to establish and operate a program designed to train and certify persons who act as Promotores(as) or CHWs. To do so, the Texas Board of Health must adopt rules that provide minimum standards and guidelines. These rules will be the only ones established by the State of Texas that relate to the training and certification of persons who act as Promotores(as) or CHWs. Local level programs may apply to the Texas Department of Health to become a certified training program or sponsoring institution. No local level program will be discarded as this is a voluntary training and certification program and nothing prohibits local level programs from operating. No changes were made to the rules as a result of this comment.

Comment: Concerning §146.7 in general, one commenter said “you are going to channel Promotores(as) into a box and they won’t be able to get out and you are going to be able to exclude with this system. As it is written, you are going to be able to exclude some of the most wonderful people that can’t fit into your box. So my recommendation is to start over and this time don’t be the culprit.”

Response: The Department disagrees. This is a voluntary training and certification program and does not prevent anyone who has been practicing as a Promotor(a) or CHW, or who wishes to start such a practice, from doing so. No changes were made to the rule as a result of this comment.

Comment: Concerning §146.7 in general, one commenter was concerned that the rules would exclude immigrants.

Response: The Department disagrees. Immigrants will not be excluded from the training and certification program if they are providing CHW services. No changes were made to the rule as a result of this comment.

Comment: Concerning §146.7 in general, one commenter said that these trainings are going to help Promotores(as) to continue with their careers and to advance their education in a more professional manner with regards to health.

Response: The Department agrees and thanks the commenter. No changes were made to the rules as a result of this comment, because no specific changes were suggested by the comment.

Comment: Concerning §146.8(b)(1), one commenter said that using the *National Community Health Advisor Study* was ludicrous because it didn't contain the word Promotor(a) in it nor was it appropriate to use as a guideline to determine the rules for certifying Promotores(as).

Response: The Department disagrees. The *National Community Health Advisor Study* was a collaborative effort of many from across the country including significant contribution by Texas leaders and Promotores(as) or CHWs. This documentation can be found in the study. The term Promotor(a) is one of about 30 terms used to represent individuals who provide community health services. This study provides very clear guidance concerning the importance of certification in improving the working conditions and opportunities for Promotores(as). No changes were made to the rules as a result of this comment.

Comment: Concerning §146.8(b)(1), several commenters suggested the addition of “skill” and “knowledge” in the rule to read “eight core skill and knowledge competencies.”

Response: The Department agrees and has added the words “skill and knowledge” to clarify the rule.

Comment: Concerning §146.8(b)(1), several commenters suggested that more emphasis be placed on cultural competency within the core skill competencies.

Response: The Department agrees; however, this comment does not affect the rule language. No changes were made to the rule as a result of this comment.

Comment: Concerning §146.8(b)(2), several commenters and the PPDC recommended that five clock hours per core competency is insufficient and have recommended that 20 hours per core competency is more appropriate.

Response: The Department agrees with 20 clock hours per core competency. This certificate is an entry-level certificate and it is felt that to require 20 hours would indicate a commitment to quality and standards of practice. The Department has amended the 5 clock hours to “at a minimum 20 clock hours of knowledge and skill-building per core competency for Promotores(as) or CHWs.”

Comment: Concerning §146.8(b)(2), one commenter suggested that a minimum of 20 clock hours of knowledge training for Promotores(as) or CHWs as to the nature and extent of each of the following categories of programs that are available to the population those Promotores(as) or CHWs are to serve: health, human services, adult education, youth and elderly programs.

Response: The Department agrees. The rules have already been amended to include at a minimum of 20 clock hours of knowledge and skill building per core competency in response to previous comment. The Department acknowledges that there will be a need for significant content knowledge as entry-level Promotores(as) or CHWs expand into serving different age groups and programs. Emphasis is placed on “at a minimum” in this rule. No changes were made to the rule as a result of this comment.

Comment: Concerning §146.8(b)(2), one commenter said that she understood that the proposed rules required 500 hours of training. She said “you know Promotores(as) also have to see their families and put food on the table. So it is very hard for them to go to a 500 clock hour training especially if they are not given any compensation and any kind of money to this.”

Response: The Department disagrees for reasons expressed in the two preceding comments and responses. No changes were made to the rule as a result of this comment.

Comment: Concerning §146.8 in general, a commenter wanted to know what kind of training and courses will be offered and whether this will duplicate efforts already done by TDH to certify Community Health Aides.

Response: The Department disagrees. There are no efforts to certify community health aides. These individuals provide distinctly different services from what a Promotor(a) or CHW provides. Competency-based training will be offered to Promotores(as) or CHWs. No changes were made to the rule as a result of this comment.

Comment: Concerning §146.8 in general, several commenters asked “what are the mechanics that involve certification, that is, what do you need to be a Promotor(a) or CHW and what do you need to be a trainer.”

Response: Promotores(as) and instructors must apply to the Department to become a certified Promotor(a) or instructor. This application must document the successful completion of a training and certification program. Procedures for applying are contained in §146.7. No changes were made to the rule as a result of this comment, because no specific changes were suggested by the comment

Comment: Concerning §146.8(b)(3), several commenters suggested that evaluation and documentation of knowledge and mastery of skills be defined.

Response: The Department disagrees. The Department is adopting the recommended performance measures framework identified within the *National Community Health Advisor Study*, June 1998 as a reference point for evaluating mastery of skills and documenting knowledge acquisition. No changes were made to the rule as a result of these comments.

Comment: Concerning §146.8(b)(3), several commenters asked “what tools will be used to evaluate and will they be culturally competent and bilingual? Who will identify and/or design the evaluation tools? It will be important to be specific on the level of the evaluation framework.”

Response: The Department agrees that the evaluation tools need to be specific to the competencies being taught and accurately measure competence. Evaluation tools will be designed by the training program or sponsoring institution and will be used to evaluate the mastery of skills and knowledge acquired by Promotores(as) or CHWs and instructors. Training programs or sponsoring institutions will have to submit these tools when applying for certification to the Department. The Department will insist that these tools are linguistically appropriate and culturally competent. No changes were made to the rule as a result of these comments, because no specific changes were suggested by the comment.

Comment: Concerning §146.8(b)(3), several commenters asked “what is the definition of hours of knowledge and skills, will hours be more important, will skills, how will the committee assess that Promotores(as) have both?”

Response: Knowledge and skills are categorized by the eight competencies including communication skills, interpersonal skills, service coordination skills, capacity-building skills, advocacy skills, teaching and organization skills and knowledge base, for example content knowledge in diabetes, infectious or communicable diseases. Skills will be more important; however, there is a minimum number of hours per knowledge and skill competency that must be acquired. The committee will require a signature from the training program or sponsoring institution verifying that Promotores(as) or CHWs or instructors have successfully completed and mastered the required skills and knowledge. No changes were made to the rule as a result of these comments, because no specific changes were suggested by the comment.

Comment: Concerning §146.8 in general, the Texas Agricultural Extension Service noted that they would like to be recognized and supported as a potential training institution for volunteers and Promotores(as) because they have structure and a model that is based on success of their existing training efforts.

Response: The Department will look forward to receiving an application from the Texas Agricultural Extension Service requesting approval as a training program or sponsoring institution. No changes were made to the rule as a result of this comment, because no specific changes were suggested by the comment.

Comment: Concerning §146.8 in general, one commenter suggested that more emphasis be placed on diabetes because of its devastating affects on people especially in South Texas.

Response: The Department agrees that knowledge should be acquired by Promotores(as) or CHWs in disease specific conditions that are disproportionately severe in population groups they intend to serve. No changes were made to the rule as a result of this comment, because no specific changes were suggested by the comment.

Comment: Concerning §146.8 in general, one commenter noted that it is more important to serve the community than receive certification and that the community will not value certification but the service delivered by a Promotor(a).

Response: The Department agrees but, the training and certification program is voluntary and does not prevent Promotores(as) or CHWs from providing service to their communities. No changes were made to the rule as a result of this comment, because no specific changes were suggested by the comment.

Comment: Concerning §146.8 in general, one commenter suggested that a Promotor(a) instructor training tool that is a step by step guide would be helpful.

Response: The Department agrees and will recommend that training programs or sponsoring institutions develop best practice guides to support both Promotores(as) or CHWs and instructors. The Department believes that such a recommendation does not require amending the rules. No changes were made to the rule as a result of this comment, because no specific changes were suggested by the comment.

Comment: Concerning §146.8 in general, one commenter said “I think we should just be given one (a certificate) because we are Promotores(as) and we put our heart into it.”

Response: The Department agrees that Promotores(as) put their heart into the work; however, Promotores(as) must apply for a certificate as provided by the rules. No changes were made to the rule as a result of this comment.

Comment: Concerning §146.8 in general, one commenter recommended that more community studies and research is needed.

Response: The PPDC was created by the 76th Legislature, 1999, to study issues associated with the training and certification of Promotores(as) and to report its findings to the governor, the legislature and the Department by December, 2000. No changes were made to the rule as a result of this comment, because no specific changes were suggested by the comment.

Comment: Concerning §146.8(b)(12), one commenter said, “the rule does not recognize the possibilities for technology to be used to expand this resource into remote areas of the state. There are many models for interactive technology that might be employed effectively to train Promotores(as).”

Response: The Department agrees. Applications received from training programs or sponsoring institutions, which utilize interactive technology, will be considered for approval. The rule has been amended to read “be live and interactive and directed by an approved instructor or delivered by an approved instructor through interactive technology in real time.

Comment: Concerning §146.8 in general, one commenter recommended that the education take into account individual community differences.

Response: The Department agrees, but believes the rules already permit this. No changes were made to the rule as a result of this comment.

Comment: Concerning §146.8(b)(6), one commenter asked, “will tests be necessary?”

Response: Evaluation of Promotor(a) or instructor skills and knowledge will be the responsibility of the training program or sponsoring institution and may require a written or oral test to ascertain competence. No changes were made to the rule as a result of this comment, because no specific changes were suggested by the comment.

Comment: Concerning §146.8 in general, one commenter recommended that Promotores(as) need to determine what the certification process is and what training components are needed and together with their community they need to determine who is certified at all.

Response: The Department agrees. Promotores(as) or CHWs are members of the PPDC which identifies skill and knowledge competencies for training. Promotores(as) or CHWs will also be members of the Promotor(a) or CHW Training and Certification Advisory Committee. This committee will recommend to the Department who should be certified. No changes were made to the rule as a result of this comment, because no specific changes were suggested by the comment.

Comment: Concerning §146.8 in general, one commenter suggested that the PPDC should look at identifying “best practices” within the Promotor(a) or CHW field.

Response: The Department agrees, but the activities of this committee are not addressed by these rules. One of the charges to the PPDC is to make recommendations regarding the curriculum for Promotores(as) or community health workers and instructors to the Department. These recommendations will be based on extensive research and study of “best practices.” No changes were made to the rule as a result of these comments.

Comment: Concerning §146.8 in general, one commenter said “we want to make sure that one of the things we put on the table is the heart and soul of the person who is going to be doing this. The fact that it should be a holistic approach, not one limited by convenience, not one limited by medical practices, and not one limited by any type of requirement.”

Response: The Department agrees. The certification process is open to all who wish to obtain a certificate. The training will take into consideration a holistic approach and will be sensitive to the adult learner and needs of the community. No changes were made to the rule as a result of this comment.

Comment: Concerning §146.8 in general, one commenter recommended the training build on the positive elements that Promotores(as) bring to the table and not to replace those elements with something new.

Response: The Department agrees. No changes were made to the rule as a result of this comment.

Comment: Concerning §146.8 in general, one commenter suggested that the training not give the Promotor(a) a specialization in one knowledge area but the knowledge to maneuver through the complicated maze of health care that we have developed as a result of managed care.

Response: The Department agrees. One of the skill and knowledge competencies includes service coordination in addition to acquiring a knowledge base. No changes were made to the rules as a result of this comment, because no specific changes were suggested by the comment.

Comment: Concerning §146.9(c), several commenters were concerned that certification was for only two years.

Response: The Department disagrees. Certification must be renewed every two years. Renewal is based on receiving an adequate number of continuing education hours as noted in §146.10 during a two year period and reporting the number of hours attained to the Department at the end of each two year period. No changes were made to the rule as a result of this comment.

Comment: Concerning §146.10 in general, one commenter noted that continuing education would serve to better a Promotor(a)'s reputation in their community.

Response: The Department agrees. No changes were made to the rule as a result of this comment, because no specific changes were suggested by the comment.

Comment: Concerning §146.10 in general, one commenter noted that requesting renewal of the certificate would guarantee that Promotores(as) are trained to do the job better.

Response: The Department agrees. No changes were made to the rule as a result of this comment, because no specific changes were suggested by the comment.

Comment: Concerning §146.10 in general, one commenter asked “why are we going to limit the experiences, the service and the work they do?”

Response: The Department disagrees. This process is voluntary and does not prohibit the Promotor(a) or CHW from practicing. No changes were made to the rule as a result of this comment.

Comment: Concerning §146.10(f), one commenter said “you are tying them to rules that say you have 120 days to bring me your certification. Because it doesn’t belong to you, it is only lent to you.”

Response: The Department disagrees. The “120 days” comment refers to a one time only extension in §146.10(f)(1), which refers to the completion of the continuing education requirement. Every opportunity will be given to the Promotor(a) or CHW to renew his/her certificate. No changes were made to the rule as a result of this comment.

Comment: Concerning §146.10(b), one commenter suggested it be replaced in its entirety with “continuing education requirements for recertification shall be fulfilled during each biennial renewal period. A Promotor(a) or CHW must complete 200 contact hours of continuing education acceptable to the Department during each biennial renewal period. An instructor must complete 64 contact hours of continuing education acceptable to the Department each biennial renewal period.

Response: The Department disagrees. The number of hours recommended may present or be perceived as a barrier to many Promotores(as) or CHWs who wish to voluntarily seek training and certification. However, the Department will adjust the number of hours to read “A Promotor(a) or CHW must complete at a minimum 80 contact hours of continuing education acceptable to the Department during each biennial renewal period. An instructor must complete at a minimum 32 contact hours of continuing education acceptable to the Department during each biennial renewal period.

Comment: Concerning §146.10 in general, one commenter asked “who will develop the continuing education requirements for Promotores(as)?”

Response: The number of hours and types of continuing education are set by the Department through the rules. Continuing education will be developed and delivered by certified training programs or sponsoring institutions. No changes were made to the rule as a result of this comment.

The comments on the proposed rules received by the Department during the comment period were neither for nor against the rules in their entirety; however, they raised questions, offered comments for clarification purposes, and suggested clarifying language concerning specific provisions in the rules.

The commenters were Representative Roberto Gutierrez, Avance, Bienstar Familiar, Brownsville Community Health Center, Cancer Consortium of El Paso, Cancer Information Service, Centro Mujeres de la Esperanza, Centro de Salud Familiar, City of Fort Worth Health Department, City of Laredo Health Department, College of Health Sciences of the University of Texas at El Paso, Crockett Elementary School in Harlingen, El Paso Community College, Houston African-American Health Coalition, Houston Asian-American Health Coalition, Houston Mexican-American Health Coalition, Houston Native-American Health Coalition, Kellogg Community Partnership, La Clinica de Valle, La Fe Clinic, Mano a Mano, Mercy Hospital in Laredo, Migrant Health Promotion, Paso del Norte Health Foundation, Planned Parenthood, Project Arise, PPDC, Region Six Department of

Health and Human Services, Rio Grande Valley Council, San Mateo Episcopal Church, South Texas Community College, South Texas Promotora Association, TAMIU, Texas A&M University Family Community Center, Texas A&M University Colonias Program, Texas A&M University, Texas Agricultural Extension Service, US/Mexico Border Health Educators, University of Texas Border Health, Weslaco School District. In addition, numerous individuals commented. All commenters were not against the rules in their entirety, however they expressed concerns, asked questions and suggested recommendations for change as discussed in the summary of comments.

Appendix E

References

- Annie E. Casey Foundation, The. 1998. *A Summary of The National Community Health Advisor Study*. A Policy Research Project of the University of Arizona. (June).
- Last, John A. 1995. *A Dictionary of Epidemiology, third edition*. International Epidemiological Association. New York.
- Texas Department of Health. Promotora Program Development Committee Minutes. October 1999nNovember 2000.
- World Health Organization. 1989 *Strengthening the Performance of Community Health Workers in Primary Health Care*. Geneva.

CLEARINGHOUSE OF CURRICULA OR CERTIFICATION INFORMATION

INTERNATIONAL

Community Health Workers Profile and Training Process in Colombia (Pan American Health Organization)

Health Education Training Model Training Manual, No. T-11 (Peace Corps)

NATIONAL

Alaska Community Health Aide Curriculum and Practitioner Manual (Indian Health Service)

Camp Health Aide Manual (Migrant Health Promotion—Michigan-Texas)

Comenzando Bien (March of Dimes)

Community Facilitator Implementation Manual (Community Health Advisor Network, Center for Community Health at the University of Southern Mississippi)

Community Health Advisors Trainers Handbook (University of Arizona)

Community Health Advisors (CHA) Training Module (Border Vision Fronteriza Initiative, University of Arizona Rural Health Office)

Community Healthy Advocacy Program Manual and Development Guideline (University of North Carolina available at:

http://150.202.78/chsrdweb/main/About_the_center/CHAP/CHAP.HTML)

Introduction to Community Health Advocacy Course (Sinclair Community College—Dayton, Ohio)

Promotores de Salud Maternal and Child Health Programs (National Council of La Raza)

Starting Point: Manual for Training Health Promoters in Congregational Coalitions (The Carter Center)

Training Manual for Community Health Workers in New Mexico (New Mexico Prenatal Care Network and New Mexico Area Health Education Center)

What We Do and How We Do It Promotora Program (La Clinica de Familia of Anthony, New Mexico)

Child Health Training Module for Border Vision Fronteriza (Health Education Training Center Alliance of Texas)

Community Health Advocate Certificate Program (El Paso Community College)

Community Health Advocates Curriculum (Community Partnerships)

Community Health Worker Curriculum (Northwest Vista Campus—San Antonio, Texas)

Community Health Worker Training Program (Texas A&M University System, South Texas Center for Rural Public Health)

Promotora Training Program (Texas A&M University, Center for Housing and Urban Development)

Appendix F

Promotora Program Development Committee, Work Groups, and the Texas Department of Health Staff

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